

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000095668 (4)

1. Corporation Name

WHITE CLIFF CAPITAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

626 N.E. 26TH AVE.  
OCALA FL 34470

626 N.E. 26TH AVE.  
OCALA FL 34470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	20 Hemlock Radial	26	20 Hemlock Radial	11/07/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3484013	
22		27		5. Certificate of Status Desired	
City & State		City & State		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Ocala FL		28 Ocala FL		6. Election Campaign Financing	
Zip		Zip		Trust Fund Contribution	
34472		34472		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible	
Country		Country		Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WALKER, WILLIAM  
626 N.E. 26TH AVE.  
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name William Walker  
82 Street Address (P.O. Box Number is Not Acceptable)  
20 Hemlock Radial  
83  
84 City Ocala FL 85 Zip Code 34472

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

William Walker

William Walker

4-20-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		1.1 TITLE	P.T.S.C
NAME		1.2 NAME	William Walker
STREET ADDRESS		1.3 STREET ADDRESS	20 Hemlock Radial
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ocala, FL 34472
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		2.1 TITLE	D
NAME		2.2 NAME	James Walker
STREET ADDRESS		2.3 STREET ADDRESS	670 S.E. 28th Pl. Apt. D
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ocala, FL 34471
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE		3.1 TITLE	D
NAME		3.2 NAME	James Bouker
STREET ADDRESS		3.3 STREET ADDRESS	6000 SE 91st Ct.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ocala, FL 34480
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William K. Walker

4-20-98

(352) 687-4722

CR2E034 (10/97)