


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

FILED

Apr 03 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 # **P97000099128 (5)**

1. Corporation Name
IHI ASSOCIATES, INC.

Principal Place of Business P.O. BOX 12556 ST. PETERSBURG FL 33733-2556	Mailing Address P.O. BOX 12556 ST. PETERSBURG FL 33733-2556
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2150 Whitfield Industrial Way Suite, Apt. #, etc.		2a. Mailing Address 27 2150 Whitfield Industrial Way Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/20/1997	
22 City & State 23 Sarasota, FL		27 City & State		4. FEI Number 59-3484853	
24 Zip 34243		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent 81 Name Dobiesz, Norman R. 82 Street Address (P.O. Box Number is Not Acceptable) 2150 Whitfield Industrial Way 83 84 City Sarasota FL 85 Zip Code 34243			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Norman R. Dobiesz* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Dobiesz, Norman R.		1.2 NAME				
STREET ADDRESS	2150 Whitfield Industrial Way		1.3 STREET ADDRESS				
CITY-ST-ZIP	Sarasota, FL 34243		1.4 CITY-ST-ZIP				
TITLE	PT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Greco, Samuel A.		2.2 NAME				
STREET ADDRESS	2150 Whitfield Industrial Way		2.3 STREET ADDRESS				
CITY-ST-ZIP	Sarasota, FL 34243		2.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Carty, Edwin C. Jr.		3.2 NAME				
STREET ADDRESS	2150 Whitfield Industrial Way		3.3 STREET ADDRESS				
CITY-ST-ZIP	Sarasota, FL 34243		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: *Norman R. Dobiesz*

CR2E034 (10/97)