

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

FILED
May 26 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 # P97000100960
1. Corporation Name

THE VIRTUAL TRADING ROOM, INC.

Principal Place of Business	Mailing Address
1177 LOUISIANA AVE. STE 202 WINTER PARK, FL 32789	1177 LOUISIANA AVE. STE 202 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	59-3480448	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30

3. Date Incorporated or Qualified	11/25/97
6. Election Campaign Financing	\$5.00 May Be
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	☒ Yes ☐ No

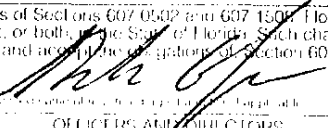
9. Name and Address of Current Registered Agent

KENNETH B. WHEELER
1155 LOUISIANA AVE. STE 100
WINTER PARK, FL 32789

10. Name and Address of New Registered Agent

81 Name	ABRAHAM COFNAS
82 Street Address (P.O. Box Number is Not Acceptable)	1177 LOUISIANA AVE. STE202
83	
84 City	WINTER PARK
85 Zip Code	FL 32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 registration of, Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ABRAHAM COFNAS	11 TITLE	PRESIDENT
NAME	1177 LOUISIANA AVE. STE 202	12 NAME	ABRAHAM COFNAS
STREET ADDRESS	WINTER PARK, FL 32789	13 STREET ADDRESS	1177 LOUISIANA AVE. STE 202
CITY-ST-ZIP		14 CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 supplement 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 the person 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____

CR2E034 (10/97)