

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

FILED

Apr 27 1998 8:00ar
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000106676 (4)
Corporation Name
AI, INC.



Principal Place of Business
PINE RIDGE ROAD
FL 32773

Mailing Address
806 PINE RIDGE ROAD
SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

Principal Place of Business
Opal INC
807 Orlando
FL 32773

2a. Mailing Address
Same
State, Apt #, etc
City & State
Zip
Country

3. Date Incorporated or Qualified
12/19/1997
4. FFI Number
APPLIED FOR
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

WHIGHAM, FRANK C
200 WEST FIRST STREET
SANFORD FL 32771

81 Name
PATEL MITA
82 Street Address (P.O. Box Number is Not Acceptable)
806 PINE RIDGE RD
83
84 City
SANFORD FL 85 Zip Code
32773

In compliance with 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 agent 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
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: If checked, I agree to print a statement when re-elected)

DATE
4/20/98

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS	11 TITLE	12 NAME
D PATEL, MITA 806 PINE RIDGE ROAD SANFORD FL 32773	<input type="checkbox"/> DELETE	
	<input type="checkbox"/> DELETE	
	<input type="checkbox"/> DELETE	
	<input type="checkbox"/> DELETE	
	<input type="checkbox"/> DELETE	
	<input type="checkbox"/> DELETE	

13. ADDRESS	11 TITLE	12 NAME

13. ADDRESS	11 TITLE	12 NAME	Change	Addition
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: [Signature]

DATE: 4/20/98
7407324
8546

CR2E034 (10/97)