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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000052832
 1. Corporation Name
EXTRA ATTIC METROWEST, INC.



Principal Place of Business: 6327 EDGEWATER DRIVE, ORLANDO FL 32810
 Mailing Address: 6327 EDGEWATER DRIVE, ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/12/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		59-3516074	
24 Zip Country		29 Zip Country		5. Certificate of Status Desired	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WILSON, LYNNE R 315 E ROBINSON ST, SUITE 600 ORLANDO FL 32801				81 Name SMITH, MARC M 82 Street Address (P.O. Box Number is Not Acceptable) 6327 EDGEWATER DR 83 84 City ORLANDO FL 85 Zip Code 32810	

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: *[Signature]* BY: MARC M SMITH HS Pres. DATE: 4/19/99

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADER, RONALD J	1.2 NAME	
STREET ADDRESS	6327 EDGEWATER DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHADER, STANLEY J	2.2 NAME	
STREET ADDRESS	6327 EDGEWATER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SMITH, MARC M
STREET ADDRESS		3.3 STREET ADDRESS	6327 EDGEWATER DR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	SMITH, LAURIE S
STREET ADDRESS		4.3 STREET ADDRESS	6327 EDGEWATER DR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO, FL 32810
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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 3/20/99 (407) 297-3683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/7/98)