

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

FILED
Mar 19 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 # S01719 (1)
1. Corporation Name
TILT-UP PROFESSIONALS CORPORATION

Principal Place of Business 1005 ORIENTA AVE SUITE 1100 ALTAMONTE SPRINGS FL 32701	Mailing Address 1005 ORIENTA AVE SUITE 1100 ALTAMONTE SPRINGS FL 32701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1003 ORIENTA AVE Suite, Apt. #, etc. 22 City & State 23 ALTAMONTE SPRINGS FL Zip 24 32701		2a. Mailing Address 26 1003 ORIENTA AVE Suite, Apt. #, etc. 27 City & State 28 ALTAMONTE SPRINGS FL Zip 29 32701		3. Date Incorporated or Qualified 09/20/1990	
25 SEMINOLE		30 SEMINOLE		4. FEI Number 59-3040996	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GROSMAN, KURT E 200 E. ROBINSON ST., SUITE 1150 ORLANDO FL 32801		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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, typed or printed name of registered agent and title, if applicable

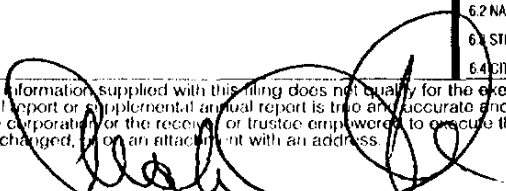
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	S
NAME	THEISEN, ROBERT W. JR	1.2 NAME	THEISEN, ROBERT W. JR.
STREET ADDRESS	1005 ORIENTA AVE #1100	1.3 STREET ADDRESS	1003 ORIENTA AVE
CITY-ST-ZIP	ALTAMONTE SPGS FL	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	P	2.1 TITLE	P
NAME	THEISEN, MARK W	2.2 NAME	THEISEN, MARK W
STREET ADDRESS	1005 ORIENTA AVE #1100	2.3 STREET ADDRESS	1003 ORIENTA AVE
CITY-ST-ZIP	ALTAMONTE SPGS FL	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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:



APPROVED

3-11-98

(467) 824-8458

CR2E034 (10/97)