## FILE NOW: FILING FEE AFTER MAY 1ST IS

**FILED PROFIT** Jan 30 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S10143 R.E. FISCHER & ASSOC., INC. Principal Place of Business Mailing Address 3423 E SILVER SPGS BLVD 3423 E SILVER SPRINGS BLVD DO NOT WRITE IN THIS SPACE OCALA FL 34470 OCALA FL 34470 3. Date Incorporated or Qualified 10/26/1990 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 59-3038056 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 26 Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent COOPER, MARK O. 200 E ROBINSON ST 82 STE 865 83 ORLANDO FL 32801 84 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered port of Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by Segion 607.0505, Florida Statutes. 11. Pursuant to the provisions of office or registered agent, or agent. I am familiar with, applications -22-98 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1.1 TITLE TITLE FISCHER, RICHARD E. 1.2 NAME NAME 3423 E SILVER SPRINGS BLVD SUITE 12 1.3 STREET ADDRESS STREET ADDRESS **OCALA FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7/P 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,

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

□ DELETE

CICNATURE.

TITLE

NAME

STREET ADDRESS CITY-ST-7/P

Change

Addition