

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

FILED

Jun 12 1998 8:00am  
Secretary of State

|   |   |
|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|

DOCUMENT # **S.60817**  
1. Corporation Name **F.S.I. INC.**

Principal Place of Business **P.O. BOX 550579 FT. LAUD FL. 33355**  
Mailing Address **PO BOX 550579 FT LAUD, FL. 33355**

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|---|--|

|   |                                   |                               |
|---|-----------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified<br><b>06-19-91</b>  | 4. FEI Number<br><b>650277317</b> | Applied For<br>Not Applicable |
| 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

**JAMES K PEDLEY**  
**727 NG 3RD AVE.**  
**FT LAUD FL. 33304**

10. Name and Address of New Registered Agent

|  |
|--|
| 81 Name<br><b>ROBERT INGRAHAM</b>  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>415 SAIL BOAT CIRCLE</b> |
| 83   |
| 84 City<br><b>FT LAUD</b>  |
| 85 State<br><b>FL</b>  |
| 86 Zip Code<br><b>33326</b>  |

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 **Robert Ingraham** **ROBERT INGRAHAM** **4-28-98**  
(NOTE: Registered Agent Signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                  |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                   |   |
|---|---------------------------------|---|---|
| TITLE<br><b>PRESIDENT</b>                   | <input type="checkbox"/> DELETE | 11 TITLE<br><b>PRESIDENT</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>CHARLENE STRACK</b>              |                                 | 12 NAME<br><b>CHARLENE STRACK</b>                                       |   |
| STREET ADDRESS<br><b>P.O. BOX 550579</b>    |                                 | 13 STREET ADDRESS<br><b>PO BOX 550579</b>                               |   |
| CITY-STATE-ZIP<br><b>FT LAUD, FL. 33355</b> |                                 | 14 CITY-STATE-ZIP<br><b>FT LAUD, FL. 33355</b>                          |   |
| TITLE<br><b>V-PRES, SECT TREAS.</b>         | <input type="checkbox"/> DELETE | 21 TITLE<br><b>V. PRES</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>RAYMOND STRACK JR</b>            |                                 | 22 NAME<br><b>RAYMOND STRACK</b>  |   |
| STREET ADDRESS<br><b>PO BOX 550579</b>      |                                 | 23 STREET ADDRESS<br><b>PO BOX 550579</b>                               |   |
| CITY-STATE-ZIP<br><b>FT LAUD FL 33355</b>   |                                 | 24 CITY-STATE-ZIP<br><b>FT LAUD FL 33355</b>                            |   |
| TITLE<br><b>PRESIDENT</b>                   | <input type="checkbox"/> DELETE | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | 32 NAME   |   |
| STREET ADDRESS                              |                                 | 33 STREET ADDRESS   |   |
| CITY-STATE-ZIP                              |                                 | 34 CITY-STATE-ZIP   |   |
| TITLE                                       | <input type="checkbox"/> DELETE | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | 42 NAME   |   |
| STREET ADDRESS                              |                                 | 43 STREET ADDRESS   |   |
| CITY-STATE-ZIP                              |                                 | 44 CITY-STATE-ZIP   |   |
| TITLE                                       | <input type="checkbox"/> DELETE | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | 52 NAME   |   |
| STREET ADDRESS                              |                                 | 53 STREET ADDRESS   |   |
| CITY-STATE-ZIP                              |                                 | 54 CITY-STATE-ZIP   |   |
| TITLE                                       | <input type="checkbox"/> DELETE | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                 | 62 NAME   |   |
| STREET ADDRESS                              |                                 | 63 STREET ADDRESS   |   |
| CITY-STATE-ZIP                              |                                 | 64 CITY-STATE-ZIP   |   |
|   |                                 | <b>500002558085</b><br><b>-06/12/98--01027--040</b><br><b>***150.00</b> |   |

14. I hereby certify that the information submitted 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 in this annual report or supplement to an 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 incorporator or trustee or authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or in an attachment with an address.

SIGNATURE **Charlene Strack** **4-6-98** **954-525-5599**

CR2E034 (10/97)