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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

FILED Apr 09 1998 8:00am Secretary of State

ROLIO	M'S UP, I	INU.								
Principal Place of Business Mailing Address							-	ALI WARAN WARAN	JUJU 01011 FOR1	
3851 RIDGEWOOD 64 VILLAGE DRIVE										
PORT ORANGE FL 32119 ORMOND BEACH FL 32174										
US								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified 01/31/1992		
2. Principal Place of Business 26. Mailing Address								4. FEI Number		Applied For
21		26	<u> </u>				59-3107029	Not Applicable		
Suite, Apt.	#, etc.		-	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional		
City & State			27	City & State						Required
23	ө		— ·	├ ¬ ′				6. Election Campaign Financing \$5.00 May Be		
Zip		Country	28 Zin	Zip Country			w	Trust Fund Contribution		d to Fees
24	25 29			30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No		
		and Address of Curre		d Agent	1301			10. Name and Address of New Registered		
VOLLWEILER, ANDREW V						81	Name	10.	rigotit	
64 VILLAGE DRIVE										
ORMOND BCH FL 32174						62	Street Addre	t Address (P.O. Box Number is Not Acceptable)		
						84	City	Fi	85 Zip	p Code
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										
							Bignature required	when reinstating) DATE		
12.	DOTO	OFFICERS A	4D DIRECTOR		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PSTD	HED ANDDEW V		L_ DELETE	3.1 TIT	L€	ľ		Change	Addition
NAME		iler, andrew V. Ge drive				1.2 NAME 1.3 STREET ADDRESS				[;
STREET ADDRESS) BEACH FL								ļi
CITY-ST-ZIP TITLE	ONMONE	DENOIT IL		DELETE	1.4 CIT		ZIP			 }
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STREET ADDRESS							DORESS			ŀ
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NAME					5.2 NAM	ÆΕ				_
STREET ADDRESS					53 STR	EET AL	DORESS			
CITY - ST - ZIP					5.4 CIT					
TITLE				DELETE	6 1 TITL				Change	Addition
NAME					6.2 NAM	AE				1
STREET ADDRESS					6.3 STR	EET AL	DDRESS			1
CITY-ST-ZIP						Y-ST	ZIP			
14. I hereby o	ertify that the	information supplied v	with this filing	does not qualify	or the exer	nplic	on stated in Se	ection 119.07(3)(i), Florida Statutes. I further o	ertify that th	e 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:

1904/676-0750