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

Mar 26 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name (0) N.D. FINANICAL, INC. Principal Place of Business Mailing Address 29399 US 19 N 29399 US 19 N DO NOT WRITE IN THIS SPACE CLEARWATER FL 34621 CLEARWATER FL 34621 3. Date Incorporated or Qualified 03/12/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 29399 US 19 N. 29399 US 19 N. 59-3111098 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 Ste. 280 Ste. 280 City & State City & State 6. Election Campaign Financing \$5.00 May Be CLEARWATER FL CLEARWATER, Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible USA 33761 USA □ Ño Personal Property Tax due June 30. Yes 24 <u>33761</u> 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIANA, NICHOLAS 29399 US 19 N 82 Street Address (P.O. Box Number is Not Acceptable) #280 83 CLEARWATER FL 34621 84 City Zip 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Change Addition 1.1 TITLE DIANA, NICHOLAS NAME 1.2 NAME 29399 US 19 N, #280 STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34621** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Channe Addition TITLE 2.1 TITLE JOHNSON, SHELLY NAME 2.2 NAME 29399 US 19 N, #280 STREET ADDRESS 2.3 STREET ADDRESS **CLEARWATER FL 34621** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 9000024699**69** DELETE TITLE 6.1 TITLE -03/27/98--01004--017 ***150.00 NAME 62 NAME 6.3 STREET ADDRESS 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 expowered 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 or an attachment with an address.

FILED