## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998

MIDWAY EQUIPMENT EXCHANGE, INC.

DOCUMENT #
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

**FILED** Aug 11 1998 8:00 am Secretary of State

| Principal Plac                        | e of Busines           | s                           | Ma                    | Mailing Address                       |                                |           |                     |  |          |  |
|---------------------------------------|------------------------|-----------------------------|-----------------------|---------------------------------------|--------------------------------|-----------|---------------------|--|----------|--|
| 496 CARVER ROAD<br>ROCKLEDGE FL 32955 |                        |                             | 498                   | 498 CARVER ROAD<br>ROCKLEDGE FL 32955 |                                |           |                     | DO NOT WRITE IN THIS SPACE   |          |  |
|                                       |                        |                             |                       |                                       |                                |           |                     | 3. Date Incorporated or Qualified 03/19/1992   |          |  |
| 2. Principal P                        | lace of Busin          | ness                        | 2a.                   | 2a. Malling Address                   |                                |           |                     | 4. FEI Number Applied  | For      |  |
| 21                                    |                        |                             | 26                    | 26                                    |                                |           |                     | <b>59-3124359</b> Not App  |          |  |
| Suite, Apt.                           | #, etc.                |                             |                       | Suite, Apt. #, etc.                   |                                |           |                     | 5. Certificate of Status Desired \$8.75 Addition   | onal     |  |
| 22                                    |                        |                             | 27                    |                                       |                                |           |                     | Fee Require  | d        |  |
| City & Stat                           | l <del>0</del>         |                             | -                     | City & State                          |                                |           |                     | 6. Election Cempaign Financing \$5.00 May  |          |  |
| Zip Country                           |                        |                             | 28                    | Zip Country                           |                                |           |                     | 7 Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible  |          |  |
| 24                                    | 25                     |                             | 29                    | <b>⊢</b> ' <b>⊢</b> ¬                 |                                |           |                     | Personal Property Tax due June 30. Personal Property Tax due June 30. Personal Property Tax due June 30.   | ie       |  |
|                                       | 9. Name                | and Address of C            |                       | tered Agent                           | . 1001                         | _         |                     | 10. Name and Address of New Registered Agent   |          |  |
| HOU                                   | ISTON, CO              | YTE E.                      |                       |                                       |                                | 81        | Name                |  | •        |  |
| 498 CARVER ROAD                       |                        |                             |                       |                                       | 82 Street Address (P.O. Box Nu |           |                     | ress (P.O. Box Number is Not Acceptable)   |          |  |
| ROCKLEDGE FL 32955                    |                        |                             |                       |                                       |                                |           |                     |  |          |  |
|                                       |                        |                             |                       |                                       |                                |           |                     |  |          |  |
|                                       |                        |                             |                       |                                       | ŀ                              | 84        | City                | 85 Zip Code  |          |  |
| 44 5                                  |                        |                             |                       |                                       |                                |           |                     | FL 3 25 cool   |          |  |
| office or                             | registered ac          | ent, or both, in the        | State of Florid       | da. Such change was                   | authorized                     | yd t      | the corporati       | pration submits this statement for the purpose of changing its register<br>ion's board of directors. I hereby accept the appointment as register | ed<br>ed |  |
| agent. I a                            | am fa <b>mil</b> iar w | rith, and accept the        | obligations of        | , section 607.0505, F                 | lorida Stati                   | utes      |                     | •  |          |  |
| SIGNATURE                             | Signature, lyped       | or printed name of register | ed agent and title if | Anolicable (A                         | IOTE: Register                 | ed Ar     | sent signature regu | julied when reinstating) DATE  | _        |  |
| 12.                                   |                        |                             |                       | AND DIRECTORS                         |                                |           |                     |  | N 12     |  |
| TITLE                                 | DP                     |                             | _,                    | DELETE                                |                                | 1.1 TITLE |                     | Change   | Addition |  |
| NAME                                  | HOUSTON, COYTE E.      |                             |                       | 1                                     |                                | 1.2 NAME  |                     | <del></del> •  | !!       |  |
| STREET ADDRESS                        | 3430 ROS               |                             |                       |                                       | 1.3 STA                        | REET      | ADDRESS             | <b>5000026166</b> 55<br>-08/14/98 <b>0</b> 1071017   | 7        |  |
| CITY-ST-ZIP                           | ROOKLED                | GE FL                       |                       |                                       | 1.4 CIT                        | Y-\$1-    | ZIP                 | ****150.00 ****150   |          |  |
| TITLE                                 | DST                    |                             |                       | DELETE                                | 2.1 TIT                        | LE        |                     |  | Addition |  |
| NAME                                  |                        | N, THOMAS L.                |                       |                                       | 2.2 NA                         | ME        |                     |  |          |  |
| STREET ADDRESS 3430 ROSE DR           |                        |                             |                       |                                       |                                |           | ADDRESS             |  |          |  |
| CITY-ST-ZIP                           | ROOKLED                | GE FL                       |                       |                                       | 2.4 CIT                        |           | ZIP                 |  |          |  |
| TITLE<br>NAME                         | ŀ                      |                             |                       | L DELETE                              | 3.1 TH<br>3.2 NA               |           |                     | Change   | Addition |  |
| STREET ADORESS                        |                        |                             |                       |                                       |                                |           | ADDRESS             |  |          |  |
| CITY-ST-ZIP                           |                        |                             |                       |                                       | 3.4 CIT                        |           |                     |  |          |  |
| TITLE                                 |                        |                             |                       | DELETE                                | 4.1 TIT                        |           | ZIF                 | Change   | Addition |  |
| NAME                                  |                        |                             |                       |                                       |                                | 4.2 NAME  |                     | Change [] A  | Adollion |  |
| STREET ADDRESS                        |                        |                             |                       | 4.3 STREET ADDRESS                    |                                | ADDRESS   |                     |  |          |  |
| CITY-ST-ZIP                           |                        |                             |                       |                                       | 4.4 CIT                        |           |                     |  |          |  |
| TITLE                                 |                        |                             |                       | DELETE                                | 5.1 T(T)                       | _         |                     | Change /   | Addition |  |
| NAME                                  |                        |                             |                       |                                       | 5.2 NAI                        | ME        |                     |  |          |  |
| STREET ADDRESS                        |                        |                             |                       |                                       | 5.3 STREET ADDRESS             |           | ADDRESS             |  |          |  |
| CITY-ST-ZIP                           |                        |                             |                       |                                       | 5.4 CIT                        | Y-ST-     | ΖIP                 |  |          |  |
| TITLE                                 |                        |                             |                       | DELETE                                | 6.1 TITI                       | LE        |                     | Change   | Addition |  |
| NAME                                  |                        |                             |                       |                                       |                                |           |                     | •  |          |  |
|                                       |                        |                             |                       |                                       | 6.2 NA                         |           | ADDRESS 7           | 2 8/12   |          |  |

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 path; that I am an officer or director of the cyporation 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 chapted, or on an attachment with an address.

CITY-ST-ZIP

7.7.98 42 1330817







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July 9, 1998

To: Division of Corporation

Attention: Leslie

As per our conversation on July 1, 1998 I was instructed to write this letter to confirm that on April 24, 1998, I Mary Houston mailed four Profit Corporation Annual Reports. They were sent by mail and had separate checks for each of the four corporations. As you have not yet recieved them I will be sending them return reciept on July 9, 1998. Hopefully this will clear up this problem.

Thank you in advance,

water my a formation

Mary Houston