

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V28060** (4)

RONALD D. McCALL CORP.

Principal Place of Business
**601 N. FRANKLIN ST.
SUITE 707
TAMPA, FL 33602
US**

Mailing Address
**601 N. FRANKLIN ST.
SUITE 707
TAMPA FL 33602-4438
US**



2 Principal Place of Business		4 Mailing Address		5 Date Incorporated or Qualified		6 Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4 FET Number		Applied For	
22 City & State		27 City & State		59-3128404		Not Applicable	
23 Zip		28 Country		5 Certificate of Status Desired		8.75 Additional Fee Required	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCALL, RONALD, D. 601 NORTH FRANKLIN STREET SUITE 707 TAMPA FL 33602				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1.1 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	1.2 CITY-ST-ZIP	2.1 TITLE	2.2 NAME
	1.3 STREET ADDRESS	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	1.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME
	1.5 STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	1.6 CITY-ST-ZIP	4.1 TITLE	4.2 NAME
	1.7 STREET ADDRESS	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	1.8 CITY-ST-ZIP	5.1 TITLE	5.2 NAME
	1.9 STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	1.10 CITY-ST-ZIP	6.1 TITLE	6.2 NAME
	1.11 STREET ADDRESS	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	1.12 CITY-ST-ZIP	700002522957	
		-05/14/98--01012--029	
		***150.00	

14. I do 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, or on an attachment with an address.