**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**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # **V36048** **(9)**

1. Corporation Name
**XEL-DEFENSE TEAMS, INC.**

Principal Place of Business
3030 HARTLEY RD
190
JACKSONVILLE FL 32223
US

Mailing Address
P.O. BOX 2411
ORANGE PARK FL 32067
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
**05/14/1992**

4. FEI Number
**59-3129787**
[ ] Applied For
[ ] Not Applicable

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip
29 Country

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
**GOLDMAN, NATHAN D**
**50 N. LAURA STREET**
**SUITE 2750**
**JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 607.0505 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
Signature of Registered Agent or Officer of Registered Agent — Printed Name of Registered Agent or Officer of Registered Agent — DATE

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | MCGLAUGHLIN, FLINT |
| STREET ADDRESS | 11570 SAN JOSE BLVD. |
| CITY ST ZIP | JACKSONVILLE FL 32223 |
| TITLE | [ ] DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | [ ] DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | [ ] DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | [ ] DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE | [ ] DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY ST ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 11 TITLE | D [✓] Change [ ] Add |
| 12 NAME | MCGLAUGHLIN, FLINT |
| 13 STREET ADDRESS | 1409 KINGSLEY AV., BUILDING #2 |
| 14 CITY ST ZIP | ORANGE PARK FL 32073 |
| 21 TITLE | [ ] Change [ ] Add |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY ST ZIP | |
| 31 TITLE | [ ] Change [ ] Add |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY ST ZIP | |
| 41 TITLE | [ ] Change [ ] Add |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY ST ZIP | |
| 51 TITLE | [ ] Change [ ] Add |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY ST ZIP | |
| 61 TITLE | [ ] Change [ ] Add |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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 the 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:** FLINT MCGLAUGHLIN 9/30/98

C22E034 98