

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

FILED
Mar 18 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 # V40395 (8)
1. Corporation Name
REEL GOLD, INC.

Principal Place of Business
ZEEDUK
#839
KNOLLE-ZOUTE BE 8300
US

Mailing Address
THE MEETZE COMPANY
P.O. BOX 350
ROGERSVILLE MI 65742
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0338962		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FRISENDA, NANCY 747 S.W. SOUTH MACEDO BLVD. PORT ST. LUCIE FL 34983				10. Name and Address of New Registered Agent	
				81 Name	Nancy Frisenda
				82 Street Address (P.O. Box Number is Not Acceptable)	10 ALCY Accounting Services
				83	2459 Tommy's Turn
				84 City	Oviedo
				85 Zip Code	FL 32766

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 Nancy Frisenda Nancy Frisenda 2/13/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	D.P.S.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZWAANS, RUUD			1.2 NAME	ZWAANS, RUUD		
STREET ADDRESS	12150 BROOKMILL PT.			1.3 STREET ADDRESS	ZEEDUK #839		
CITY-ST-ZIP	ALPHALETTA GA 30201			1.4 CITY-ST-ZIP	Knokke-Zoute Belgium 8300		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZWAANS, ROCHELLE			2.2 NAME	ZWAANS, ROCHELLE		
STREET ADDRESS	12150 BROOKMILL PT.			2.3 STREET ADDRESS	ZEEDUK #839		
CITY-ST-ZIP	ALPHALETTA GA			2.4 CITY-ST-ZIP	Knokke-Zoute Belgium 8300		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEETZE, JAMES R			3.2 NAME			
STREET ADDRESS	4789 SO FARM RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	ROGERSVILLE MO			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 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 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: X [Signature] 3/31/98 417-883-2566

CR2E034 (10/97)