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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # V48756 1. Corporation Name KISSIMMEE STICKS, INC. | | | | | |
| Principal Place of Business 1840 S DIVISION AVE ORLANDO, FL 32806 US | | | Mailing Address P.O. BOX 618306 ORLANDO, FL 32861-8306 US | | |
| DO NOT WRITE IN THIS SPACE | | | | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | | |
| 3. Date Incorporated or Qualified 7/01/1992 | | | 4. FEI Number 59-3133250 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 7. 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 DYMOND, WILLIAM T JR. 215 N EOLA DR ORLANDO FL 32801 | | | 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 607.0502 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 | | | | | |
| 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME P MILLER, STEVEN R 1.3 STREET ADDRESS 1840 SO DIVISION AVE 1.4 CITY-ST-ZIP ORLANDO, FL | | | | | |
| 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME VP OLIVER, JOSEPH M 2.3 STREET ADDRESS 1840 SO DIVISION AVE 2.4 CITY-ST-ZIP ORLANDO, FL | | | | | |
| 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME ST ONEAL, RANDALL J 3.3 STREET ADDRESS 1840 SO DIVISION AVE 3.4 CITY-ST-ZIP ORLANDO, FL | | | | | |
| 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME P O'NEAL, RANDALL J 1.3 STREET ADDRESS 1840 SO DIVISION ST 1.4 CITY-ST-ZIP ORLANDO, FL 32806 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 1840 SO DIVISION ST 2.4 CITY-ST-ZIP ORLANDO, FL 32806 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME ST MILLER, STEVEN R 3.3 STREET ADDRESS 1840 SO DIVISION ST 3.4 CITY-ST-ZIP ORLANDO, FL 32806 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: <i>Randall J. O'Neal</i> - Randall J. O'Neal 12/2/98 (407)-425-3360 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

CR2E034 (10/97)