

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

FILED
Apr 14 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 # 1150278
1. Corporation Name
BALNAGOWAN INC.

Principal Place of Business Mailing Address
1618 TWELVE OAKS WAY
NORTH PALM BEACH
FLORIDA, 33408
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 AS ABOVE		26 AS ABOVE		07/13/92	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		5. Certificate of Status Desired	
24 Zip		29 Zip		6. Election Campaign Financing	
25 Country		30 Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				8. \$8.75 Additional Fee Required	
				9. \$5.00 May Be Added to Fees	
				10. Yes No	

9. Name and Address of Current Registered Agent

Douglas A. Willis, Esquire
2624 PGA Blvd.
Palm Beach Gardens, FL 33410

10. Name and Address of New Registered Agent

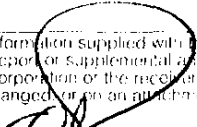
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PROVISIONS	1.1 TITLE	
NAME	CHARLES F. M. ROSS	1.2 NAME	
STREET ADDRESS	1618 TWELVE OAKS WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH, FL 33408	1.4 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	2.1 TITLE	
NAME	DOUGLAS A. WILLIS	2.2 NAME	
STREET ADDRESS	2624 PGA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	2.4 CITY-ST-ZIP	
TITLE	SECRETARY-TREASURER	3.1 TITLE	
NAME	SEANNA D. ROSS	3.2 NAME	
STREET ADDRESS	1618 TWELVE OAKS WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH, FL 33408	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 recorder 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:  CHARLES F. M. ROSS APRIL 6th 1998 672-3630

CR2E034 (10/97)