


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

FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V60024 (9) 1. Corporation Name POCAHONTAS CORPORATION					
Principal Place of Business 4019 20TH PLACE SE #603 CAPE CORAL FL 33904 US			Mailing Address P.O. BOX A REINBECK IA 50669 US		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		65-0358134	
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 Country	
9. Name and Address of Current Registered Agent GUNDERSON, THOMAS H 1715 MONROE STREET SUITE B FY MYERS FL 33901			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 FL			86 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 _____ 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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, CORDELL		1.2 NAME		
STREET ADDRESS	104 BLACKHAWK ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	REINBECK IA		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANATT, GERALD J		2.2 NAME		
STREET ADDRESS	P O BOX 535		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN IA		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSEN, JAMES I		3.2 NAME		
STREET ADDRESS	104 BLACKHAWK ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	REINBECK IA		3.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSEN, JAMES I		4.2 NAME		
STREET ADDRESS	104 BLACKHAWK STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	REINBECK IA		4.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAUGEN, HERMAN		5.2 NAME		
STREET ADDRESS	760 SEXTANT DRIVE, #642		5.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, GALE M JR		6.2 NAME		
STREET ADDRESS	104 BLACK HAWK STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	REINBECK IA		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: \_\_\_\_\_ SIGNATURE REQUIRED

130-98 719345 2713

CR2E034 (10/97)