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

FILED **PROFIT** May 14 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V61693 (0)TASMAN CORP. Principal Place of Business Mailing Address 4900 38TH WAY \$ 4900 38TH WAY S DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711 3. Date Incorporated or Qualified 09/02/1992 2a. Mailing Address 2. Principal Place of Business Applied For 32*2*6 26 **3**226 59-3138886 Not Applicable \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes nella 5 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Walker, Carol Street Address (P.O. Box Number is Not Acceptable) 4900 38TH WAY S. #501 82 ST. PETERSBURG FL 33711 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 of 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 philipations of Segion 607.0505, Florida Statutes. SIGNATURE TE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE TITLE WALKER, GEORGE B. 1.2 NAME NAME 4900 38TH WAY S. #501 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 1.4 CITY - ST - ZIP CITY-ST-ZIP 2.1 TITLE DELETE TITLE WALKER, CAROL 2.2 NAME NAME 4900 38TH WAY S. #501 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME

6.3 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 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 attackment with an address.

STREET ADDRESS

CITY-ST-ZIP