


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

FILED
Apr 07 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 # 476620
 1. Corporation Name
NATIONAL AMBULANCE BUILDERS, INC.

Principal Place of Business 230 N ORTMAN DRIVE ORLANDO, FL 32805	Mailing Address 230 N ORTMAN DRIVE ORLANDO, FL 32805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1975	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 59-1595463	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAI, PHILIP Y. 230 N ORTMAN DRIVE ORLANDO, FL 32805				10. Name and Address of New Registered Agent		
				81 Name WILLIS, MARIE L.		
				82 Street Address (P.O. Box Number is Not Acceptable) 230 N ORTMAN DRIVE		
				83		
				84 City ORLANDO,	85 State FL	86 Zip Code 32805

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 607.0503, Florida Statutes.

SIGNATURE: *Marie L. Willis* President DATE: **3-8-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D/V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D/C/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WILLIS, IDUS E.		1.2 NAME WILLIS, IDUS E.	
STREET ADDRESS 2804 OVERLAKE STREET		1.3 STREET ADDRESS 6224 State Rd 535	
CITY-ST-ZIP ORLANDO, FL		1.4 CITY-ST-ZIP Windemere, Fl. 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D/P/S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAI, PHILIP Y.		2.2 NAME WILLIS, MARIE L.	
STREET ADDRESS 230 N ORTMAN DRIVE		2.3 STREET ADDRESS 6224 State Rd. 535	
CITY-ST-ZIP ORLANDO, FL 32805		2.4 CITY-ST-ZIP Windemere, Fl. 34786	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME MORRIS, CAROLYN	
STREET ADDRESS		3.3 STREET ADDRESS 9409 Florence Ave.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Apopka, Fl 32703	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 100002482061	<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: *Marie L. Willis* President DATE: **3-8-98** (407) 299-0064

CR2E034 (10/97)

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