

FILE NOW: FILING FEE IS \$61.25

FILED

**May 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006121 (5)
 1. Corporation Name
LIMITED X, INC.



Principal Place of Business P.O. BOX 3556 SEMINOLE FL 34645	Mailing Address P.O. BOX 3556 SEMINOLE FL 34645
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3. Date Incorporated or Qualified 11/26/1996	
4. FEI Number 59-3420111	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**EVANS, DEBORAH S
8837 TAMI ST.
SEMINOLE FL**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, RONALD	
STREET ADDRESS	8837 TA I ST.	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, SPENCER	
STREET ADDRESS	981 SIMS LANE	
CITY-ST-ZIP	FRANKLIN TN 37084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, PHILLIP	
STREET ADDRESS	16429 SUPERIOR ST.	
CITY-ST-ZIP	NORTH HILLS CA 91343	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SEMPEBUSA, DENNIS	
STREET ADDRESS	P O BOX 3556	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	MUTEBI, PAUL	
STREET ADDRESS	P O BOX 3556	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EVANS, DEBORAH S	
STREET ADDRESS	8837 TAMI ST	
CITY-ST-ZIP	SEMINOLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	N. 1515 Powers Lake Rd
4.3 STREET ADDRESS	Genoa. City WI
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	39 Carey Ave Apt G 3
5.3 STREET ADDRESS	WaterTown MA 02172
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Deborah S. Evans* 4/21/98 813 319 6062

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