

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

**FILED**

**Jun 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 # F96000000679 (8)**  
1. Corporation Name  
**ETS LINER, INC.**



Principal Place of Business  
**1401 MUNICIPAL RD.  
ROANOKE VA 24012**

Mailing Address  
**2551 N.W. 15TH CT  
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
21 **7400 Beaufort Springs Dr**  
Suite, Apt. #, etc  
22 **415**  
City & State  
23 **Richmond, VA**  
Zip Country  
24 **23225** 25  
2a. Mailing Address  
26 **4948 N. Orange Blossom Tr**  
Suite, Apt. #, etc  
27  
City & State  
28 **Orlando, FL**  
Zip Country  
29 **32810** 30 ~~Orlando~~

3. Date Incorporated or Qualified  
**02/06/1996**

4. FEI Number **54-1786253** Applied for Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DCEO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCKENNA, JOHN D</b>	
STREET ADDRESS	<b>1401 MUNICIPAL RD., N.W.</b>	
CITY-ST-ZIP	<b>ROANOKE VA 24012-1309</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MYCOCK, JOHN C</b>	
STREET ADDRESS	<b>1401 MUNICIPAL RD., N.W.</b>	
CITY-ST-ZIP	<b>ROANOKE VA 24012-1309</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>SETH, NAVIN D</b>	
STREET ADDRESS	<b>1401 MUNICIPAL RD., N.W.</b>	
CITY-ST-ZIP	<b>ROANOKE VA 24012-1309</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RAULSTON, JAMES W</b>	
STREET ADDRESS	<b>2551 NW 15TH CT</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SNYDER, RICHARD H</b>	
STREET ADDRESS	<b>2551 NW 15TH COURT</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, JOHN</b>	
STREET ADDRESS	<b>2551 NW 15TH COURT</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>Chairman - Director - CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>James Queeks</b>	
13 STREET ADDRESS	<b>7400 Beaufort Springs Dr. Suite 415</b>	
14 CITY-ST-ZIP	<b>Richmond, VA 23225</b>	
21 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Warren R. Bean, Jr</b>	
23 STREET ADDRESS	<b>7400 Beaufort Springs Dr Suite 415</b>	
24 CITY-ST-ZIP	<b>Richmond, VA 23225</b>	
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	<b>7400 Beaufort Springs Dr. Suite 415</b>	
34 CITY-ST-ZIP	<b>Richmond, VA 23225</b>	
41 TITLE	<b>Manager</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Thomas R. Morkman</b>	
43 STREET ADDRESS	<b>4948 N. Orange Blossom Tr</b>	
44 CITY-ST-ZIP	<b>Orlando, FL 32810</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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\*\*\*150.00

W/g/s

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.

CR2E034 (10/97)