

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

FILED  
Mar 24 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 # H92395 (3)  
1. Corporation Name  
TREE TOWN, INC.



Principal Place of Business  
505 SO FLAGLER DR  
STE 1313  
W PALM BCH FL 33401  
US

Mailing Address  
PO BOX 85  
W PALM BCH FL 33402  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1985	
21	Suite, Apt. #, etc. STE 1010	26	Suite, Apt. #, etc.	4. FEI Number 59-2636217	Applied For Not Applicable
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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JOHNSON, RICHARD S.  
505 SO FLAGLER DR  
STE 1313  
W PALM BCH FL 33401

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	STE 1010
84	City
FL	85 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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RICHARD S	1.2 NAME	
STREET ADDRESS	751 ISLAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RICHARD S., JR.	2.2 NAME	
STREET ADDRESS	2614 GEORGIA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SCOTT A	3.2 NAME	
STREET ADDRESS	505 S. FLAGLER DR., STE 1313	3.3 STREET ADDRESS	241 Mockingbird Trail
CITY-ST-ZIP	W. PALM BCH. FL	3.4 CITY-ST-ZIP	Palm Bch, Fl
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNED, PATRICIA J	4.2 NAME	
STREET ADDRESS	165 Elwa Place	4.3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAGG, CATHARINE J	5.2 NAME	
STREET ADDRESS	219 Murray Rd	5.3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, HELENE J	6.2 NAME	
STREET ADDRESS	100 Plymouth Rd.	6.3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach FL	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 in an attachment with an address.

SIGNATURE:

Richard S. Johnson

3/18/98

561 655-7200

CR2E034 (10/97)