

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

FILED
May 08 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 # K78545 (6)

1. Corporation Name
LATITUDE 24 REAL ESTATE, INC.

Principal Place of Business MM 313 US 1 GULFSIDE US 1 OCEANSIDE BIG PINE KEY FL 33043 US	Mailing Address P O BOX 430825 BIG PINE KEY FL 33043-1805 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 31281 OVERSEAS HWY	26			04/03/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 MM 31.3 GULFSIDE		27		65-0119428	
City & State		City & State		Applied For	
23 BIG PINE KEY, FL		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24 33043-0925	25 USA	29	30	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
VOWELS, CHARLES H. III MM 31.3 US 1 GULFSIDE BIG PINE KEY FL 33043				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 31281 OVERSEAS HWY, MM 31.3 83 84 City BIG PINE KEY FL 85 Zip Code 33043-0925	
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 provisions of Section 607.0505, Florida Statutes.					
SIGNATURE		Charles H Vowels III PRESIDENT		DATE 30 APRIL 98	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOWELS, III, CHARLES H.	1.2 NAME	
STREET ADDRESS	P O BOX 430585 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL 33043-0585	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOWELS, MERCENE	2.2 NAME	
STREET ADDRESS	P O BOX 430585 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL 33043-0585	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTT, DOROTHY SUE	3.2 NAME	
STREET ADDRESS	P O BOX 430431	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL	3.4 CITY-ST-ZIP	
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	<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: *Charles H Vowels III* CHARLES H VOWELS III 30 APR 98 305-872-2800

CR2E034 (10/97)