

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 10 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 # V54556 (8)
 1. Corporation Name
LARSON VENTURES, INC.



Principal Place of Business: 3997 INDIAN TR. DESTIN FL 32541 US
 Mailing Address: P.O. BOX 5435, N/A DESTIN FL 32540 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 PO Box 5435, 22 Suite, Apt. #, etc., 23 City & State: Destin, FL, 24 Zip: 32541, 25 Country: US
 2a. Mailing Address: 26 P.O. BOX 5435, N/A, 27 Suite, Apt. #, etc., 28 City & State: Destin, FL, 29 Zip: 32541, 30 Country: US
 3. Date Incorporated or Qualified: 07/31/1992
 4. FEI Number: 59-3141756 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: LARSON, ALLAN T. 3997 INDIAN TR. DESTIN FL 32541
 10. Name and Address of New Registered Agent: 81 Name: LARSON, ALLAN T., 82 Street Address (P.O. Box Number if Not Acceptable): 4629 Paradise Isle, 83, 84 City: Destin, FL, 85 Zip Code: 32541

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	LARSON, ALLAN T. <input type="checkbox"/> DELETE	1.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LARSON, ALLAN T.		1.2 NAME: Larson, Allan T.	
STREET ADDRESS: 3997 INDIAN TR.		1.3 STREET ADDRESS: 4629 Paradise Isle	
CITY-ST-ZIP: DESTIN FL		1.4 CITY-ST-ZIP: Destin, FL 32541	
TITLE: ST	LARSON, TERESA A. <input type="checkbox"/> DELETE	2.1 TITLE: ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LARSON, TERESA A.		2.2 NAME: Larson, Teresa A.	
STREET ADDRESS: 3997 INDIAN TR.		2.3 STREET ADDRESS: 4629 Paradise Isle	
CITY-ST-ZIP: DESTIN FL		2.4 CITY-ST-ZIP: Destin, FL 32541	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		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: *Signature of Allan T. Larson* 9/6/98 850-1654-1753

CR2E034 (5/98)