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

STREET ADDRESS

STREET ADDRESS

CITY-ST-2IP

TITLE

NAME

Apr 02 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)S84297 COLSON MANAGEMENT & INVESTMENTS, INC. Principal Place of Business Mailing Address 415-5-STH AVE ALS F-STH-AVE WINDERMERE FL 34786 WINDERMERE FL 34786 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/27/1991 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 21 21 OL Willow Laurenty 26 2104 Willow Lauren W 59-3088308 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State dermere 6. Election Campaign Financing \$5.00 May Be Windermere Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JAMIESON, MARY COLONA Name 2104 willow Laurental WIS ENOTH AVENUE Street Address (P.O. Box Number WINDERMERE FL 34788 9 0 C Corporations 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. naive of registered agont and toled applicable (NO OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE Change Addition 1.1 TITLE BARRY, JAMIESON **∫**.2 NAME NAME Barry 415 5. 6TH AVENUE 2106 Willow Lawren STREET ADDRESS 1.3 STREET ADDRESS 2/06 WINDERMERE FL 1.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition JAMIESON, MARY C 415 E STH AVE 2106 WILLOW LOWER CA NAME 2.2 NAME JAMIESON willow Laur STREET ADDRESS 2.3 STREET ADDRESS WINDERMERE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ■ DELETE Change Addition 5.1 TITLE NAME 5.2 NAME

FILED

Change Addition

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 trusted 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 atlantinent with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

DELETE

SIGNATURE: Mary Januelow Mary Jamisson 3-10-98 407-876-1872