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

FILED Apr 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 469608 (4) DREYER ASSOCIATES, INC. Principal Place of Business Mailing Address 1004 VENETIAN BLVD.. 1004 VENETIAN BLVD.. P.O. BOX 252 P.O. BOX 252 ISLAMORADA FL 33036-0252 ISLAMORADA FL 33036-0252 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1588143 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation owes or has paid the current year intangible 30 Personal Property Tax due June 30. 24 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DREYER, JOHN A 2749 ST THOMAS DR 82 Street Address (P.O. Box Number is Not Acceptable) **PUNTA GORDA FL 33950** 83 84 City 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, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 11 TITLE DREYER, JOHN A. NAME 1.2 NAME 1004 VENETIAN BLVD., STREET ADDRESS 1.3 STREET ADDRESS ISLAMORADA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE DREYER, ANNA LOIS NAME 22 NAME 1004 VENETIAN BLVD. STREET ADDRESS 2.3 STREET ADDRESS ISLAMORADA 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 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP Change TITLE DELETE 6.1 TITLE 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 ecopopation 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 all attachment with an address. DREYER 03/24/98 9416395414 SIGNATURE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP