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

May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **1998** DOCUMENT # 518540 (0)OCEAN GATE BUILDERS, INC. Principal Place of Business Mailing Address 2830 SE FEDERAL HWY - 2000 GE-FEDERAL HWY--STE. B - 312 - 8--DO NOT WRITE IN THIS SPACE STUART PL 34990 STUART FL 34996 3. Date Incorporated or Qualified 11/16/1976 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-1699381 Not Applicable 26 0 5 1. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6, Election Campaign Financing Sity & State Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 29 3 499 Personal Property Tax due June 30. Yes 30 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name MACDONALD, JACK A Street Address (P.O. Box Number ie Net Acceptable) 2830 SE <u>FEDERAL HW</u>Y 82 STUART FL 34004 Zip Code 3 yaq 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered to obligations of, Specific poor 507.0505, Florida Statutes. 11. Pursuant to the provisions of Sect office or registered adunt, or your agent. Lam familiar with, and a 28.98 SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. □ DELETE ☐ Change Addition 1.1 TITLE TITLE MACDONALD, JACK A. 1.2 NAME 2830 SE FEDERAL HWY 1.3 STREET ADDRESS STREET ADDRESS STUART, FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREE1 ADDRESS CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP Change Addition DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 is pupplement, 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 perporation 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 13-8

FILED

-24-98 51/-283-6744