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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 531974

PUNTA GORDA FL 33950

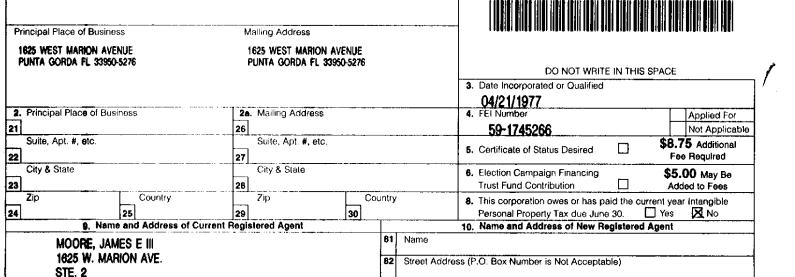
1974

(4)

PUNTA GORDA ISLES SALES, INC.

FILED May 19 1998 8:00am Secretary of State

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.

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City

oπice or re agent. I ar	ngistered agent, or both, in the State of Hond In familiar with, and accept the obligations of	ia. Such cha nge wa s ai , Section <mark>607.0505</mark> , Flor	uthorized by the corr rida Statutes.	poration's board of dir	ectors. I hereby accep	t the appointment as	registered
SIGNATURE	Signature, typed or punted name of requsioned agent and later						
12. OF FICE HS AND DIRECTORS			Registered Agent signature 13.		/CHANGES TO OFFICE	DATE FRS AND DIRECTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	7,527716115	701111020 TO 011101	Change	Addition
NAME	SCHIFFER, LAURENCE A		1.2 NAME				
STREET ADDRESS	212 S. CENTRAL, SUITE 100		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. LOUIS MO 63101		1.4 CITY - ST - ZIP				
TITLE	\$ 0	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	LOVE, ANDREW S JR.		2.2 NAME				
STREET ADDRESS	212 S. CENTRAL, SUITE 100		2.3 STREET ADDRESS				
CITY-ST-ZIP	\$T. LOUIS MO 63101		2 4 CHY-ST-ZIP				
TITLE	ĀST	DELETE	3 i TITLE			Change	Addition
NAME	CLEMENT, GLORIA		3 2 NAME				
STREET ADDRESS	212 S. CENTRAL, SUITE 100		3.3 STREET ADDRESS				İ
CITY-ST-ZIP	\$T. LOUIS MO 63101		3.4. CtTY - ST - ZIP				
TITLE	AT	☐ DELETE	4.1 TITLE	-	,	Change Change	☐ Addition
NAME	Webb, annette M		4. 2 NAME	ANNETTE	KOVARIK		
STREET ADDRESS	212 S. CENTRAL, SUITE 100		4.3 STREET ADDRESS		·		
CITY-ST-ZIP	\$T. LOUIS MO 63101		4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE	-		☐ Change	☐ Addition
NAME			5.2 NAME				ŀ
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	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.

ATURE - All All A Color De Comment // (1) Guller Agus