## . rILING FEE AFTER MAY 1ST IS \$550.00 FILED OFIT FLORIDA DEPARTMENT OF STATE **ORPORATION** Feb 02 1998 8:00am Sandsa B. Mortham ANNUAL REPORT Secretary of State 1998 Secretary of State DIVISION OF CORPORATIONS DOCUMENT # 536610 (9)COLONIAL CORNER, INC. Principal Place of Business Mailing Address 7201 49TH ST. NORTH 7201 49TH ST. NORTH PINELLAS PARK FL 33781 PINELLAS PARK FL 34665 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/07/1977 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-1751070 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Electron Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30 Yes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CASCIATO.VINCENT 7650 DOVER COURT 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33709 84 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 curporation'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. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1177718 Change Addition NAME CASCIATO, VINCENT 1.2 NAME 7650 DOVER COURT STREET ADDRESS 1.3 STREET ADDRESS. ST. PETERSBURG FL CITY-St-ZP 14 CITY-51-21P TITLE DELETE Change 21 HHE NAME CASCIATO, JOANN 2.2 NAME 7650 DOVER COURT STREET ADDRESS 2.3 STHEET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP 2.4 City-SE-ZIP DELLIE little 3,1 GTLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-7IP DFLETE Change 41 TITLE Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - 7IP TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 assetal report is frue 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 preciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 13 if changed, or on an attachment with an address.

5.4 CiTY+St-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

61 IM F

6.2 NAME

DELETE

SIGNATURE:

Uliy-St-ZiP

STREET ADDRESS

CITY-ST-ZIP

NAME

Change

Addition