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

FILED PROFIT Jan 28 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name (1) 586133 SPERRY-BOOM OF FLORIDA, INC. Principal Place of Business Mailing Address 1925 ILLINOIS AVE NE 1925 ILLINOIS AVE NE ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1978 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 59-1849403 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio Zio Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEBORD, WARREN A 1925 ILLINOIS AVE NE Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33703 83 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 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** Signature, typed or printed name of registered agent and title if applicable (NOTE_Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1 1 TITLE TITLE DEBORD, WARREN A 1.2 NAME NAME 1925 ILLINOIS AVE NE 1.3 STREET ADDRESS STREET ADDRESS **ST PETE, FL 33703** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 THILE TITLE VALETTE, CATHERINE 22 NAME NAME 1338 Snell Isle Blod #2 St Petersburg, FL 33704 2.3 STREET ADDRESS 995 46TH AVENUE N. STREET ADDRESS **ST. PETERSBURG** FL 2. 4 CHTY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 THUE TITLE DEBORD, DENISE 3.2 NAME NAME STREET ADDRESS 1925 ILLINOIS AVENUE NE 3.3 STREET ADDRESS **ST. PETERSBURG FL** 34. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TIDLE TITLE

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, of you an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

18/58