

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

FILED

Mar 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 615009 (8)  
1. Corporation Name  
GRAND CHENIER, INC.

Principal Place of Business 3 COLLIER ARCADE, FIRST STREET BOX 1480 FT MYERS FL 33902	Mailing Address P.O. BOX 60259 FT. MYERS FL 33906-6259 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/22/1979	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2024287	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 791 Fifth Avenue South Suite, Apt. #, etc. 22 City & State 23 Naples, FL 24 Zip 34 102 25 Country USA	2a. Mailing Address 26 791 Fifth Ave. South Suite, Apt. #, etc. 27 City & State 28 Naples, FL 29 Zip 34 102 30 Country USA
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9. Name and Address of Current Registered Agent  
EDWARDS, CHARLES B  
12800 UNIVERSITY DRIVE  
SUITE 600  
FT. MYERS FL 33906

10. Name and Address of New Registered Agent	
81 Name Smith, Walter J.	
82 Street Address (P.O. Box Number is Not Acceptable) 791 Fifth Avenue South	
83	
84 City Naples,	85 Zip Code FL 34 102

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 Walter J. Smith, VP DATE 3/10/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, CHARLES B	1.2 NAME	
STREET ADDRESS	12800 UNIVERSITY DRIVE., SUITE 600	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33906	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WALTER J	2.2 NAME	Smith, Walter J.
STREET ADDRESS	<del>456 8TH STREET SOUTH</del>	2.3 STREET ADDRESS	791 Fifth Avenue South
CITY-ST-ZIP	<del>NAPLES FL</del>	2.4 CITY-ST-ZIP	Naples, FL 34 102
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Walter J. Smith, VP 3/10/98 941/262-7215

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