SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT Jul 29 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1**9**98 DIVISION OF CORPORATIONS DOCUMENT # 644120 (8) FAST BUCK FREDDIE'S, INC. Principal Place of Business Mailing Address 500 DUVAL STREET 500 DUVAL STREET KEY WEST FL 33040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/01/1979 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 59-1951227 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. Yes No Zip Country Zip 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 Name FALCONE, ANTHONY V **500 DUVAL STREET** Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 Zip Code FI 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 signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE SDV 1.1 TITLE Change Addition DELETE FALCONE, ANTHONY V NAME 1.2 NAME **500 DUVAL ST** STREET ADDRESS 1.3 STREET ADDRESS KEY WEST, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE Change Addition **CONKLE, WILLIAM H. JR.** NAME 2.2 NAME 500 DUVAL ST 2.3 STREET ADDRESS STREET ADDRESS KEY WEST, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE L Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change TITLE DELETE Addition NAME 6.2 NAME

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 add/eac

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

CRZE034 (5/98)