**FILE NOW: FILING FEE IS \$61.25** FILED NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Apr 02 1997 8:00am ANNUAL REPORT Secretar rol State DIVISION OF CORPORATIONS 1997. Secretary of State SKIFF POINT CONCOPPINION ASSN., FARE
Principal Place of Business Mailing Address
298 SKIFF POINT
CLEMANATER, FLA. 34630 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country Zip 8. This corporation has liability for intangible as under s. 199.032, Yes 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ENN MeNEIL Street Address (P.O. Box Number is Not Acceptable) 83 CLEARWATER, PLA 34628 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. Signature, typed or printed name of registered agenrand title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 13. 1 1 TETLE Change Addition 1011 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST- 2IP CHY-ST- 7P 1:116 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY ST-ZIP 2. 4 CITY-ST-ZIP THELE 3.1 TITLE 3.2 NAME STREET LAUDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST Zo 4.1 1016 HILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY - ST - ZIP 5.1 TITLE THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHTY - ST - ZIF DELETE 6.1 TITLE TITLE 6.2 NAME NAME -04/02/97 6.3 STREET ADDRESS STREET ADDRESS \*\*\*61.25

14. I do 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 outper nation of the composition or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 if panged, or on an attachment with an address. is CoMANN 3/17

6.4 CITY - ST - ZIP

CHY-ST-ZIP