NON PROFIT FILE NOW: FILING FE FLORIDA DEPARTMENT_OF STALE Jun 26 1997 8:00am CORPORATION Sandra B. Molinam ANNUAL REPORT Secretary of State Secretary of State [‡] 1997 DIVISION OF CORPORATIONS DOCUMENT # Pine Key Lodge IV Conclominium Principal Place of Business Mailing Address c/o Accounting Solutions 980 Pasadena Ave. 5ame 3. Date Incorporated or Qualified Stfetersburg, F1 33707 3a. Date of Last Report re 1996 2. Principal Place of Busines 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, elc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Tarleton Donna Clo Accounting Solutions 980 Pasadena Ave 5+Petersburg, F1 33707 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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: typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 1.1 TITLE Change 1.2 NAMI 1.3 STREET ADDRESS STREET ADDRESS 1.4.001Y-S1-7tP CITY - \$T - ZIP Change TITLE ere Wilcox NAME 2.2 NAME 390 Pinellas Brywa STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP 31 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP DELETÉ Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 53 STREET ADDRESS CITY-SY-ZIP 54 City - St - ZiP DELETE 611ITLE . 900002224455° -06/27/97--01003--031 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - 7(F 64 OILY-S1-ZIP 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 logal effect as if made under eath; 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 changed, or on an attachment with an address. resident

Daytime Priorie #

SIGNATURE: