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PROFIT CORPORATION ANNUAL REPORT

1998



LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 838929

(8)

COLONY INVESTORS, INC.

FILED Apr 23 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1620 GULF OF MEXICO DR. C/O STEPHEN J. MITCHELL LONGBOAT KEY FL 34228 P.O. BOX 3433 DO NOT WRITE IN THIS SPACE **TAMPA FL 33601** 3. Date Incorporated or Qualified 08/11/1977 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 59-1747077 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KLAUBER, MURRAY J. (DR.) 1620 GULF OF MEXICO DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) LONGBOAT KEY FL 33548 83 84 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DPST DELETE 1.1 TITLE Change Addition NAME KALUBER, MURRAY J. 1.2 NAME 1620 GULF OF MEXICO DR. STREET ADDRESS 1.3 STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition MOULTON, KATHERINE 2.2 NAME STREET ADDRESS 1620 GULF OF MEXICO DR. 2.3 STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE ☐ 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 ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 2IP DELETE TITLE 5.1 TITLE Change Addition NAMÉ 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 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 receivery trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3.

MURRAY J. KLAUBER

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