

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

FILED
Jan 28 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F35266 (8)
 1. Corporation Name
EXECUTIVE WEALTH MANAGEMENT SERVICES, INC.



| | |
|---|---|
| Principal Place of Business 2323 STICKNEY PT RD SARASOTA FL 34231 US | Mailing Address 1800 SECOND STREET STE 780 SARASOTA FL 34236 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|----|------------------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/01/1981 | |
| 21 | 26 | 4. FEI Number 59-2087068 | | Applied For Not Applicable | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Zip | | 29. Zip | | 30. Country | |
| 25. Country | | 30. Country | | 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 | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| DELLA PENNA, GUY S 1800 SECOND STREET SUITE 780 SARASOTA FL 34236 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DELLA PENNA, GUY S | 1.2 NAME | |
| STREET ADDRESS | 141 OGDEN ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINDOM, ROBERT D | 2.2 NAME | |
| STREET ADDRESS | 1562 SOUTH DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 2.4 CITY-ST-ZIP | |
| TITLE | TV <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCOTT, FULTON F | 3.2 NAME | |
| STREET ADDRESS | 1800 SECOND ST., STE. 760 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 3.4 CITY-ST-ZIP | |
| TITLE | VS <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GILMORE, BONNIE S. | 4.2 NAME | |
| STREET ADDRESS | 6033 34T ST #94 | 4.3 STREET ADDRESS | 5611 25th St W |
| CITY-ST-ZIP | BRADENTON FL | 4.4 CITY-ST-ZIP | Bradenton FL 34207 |
| TITLE | VPGC <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEVORE, ROB | 5.2 NAME | |
| STREET ADDRESS | 1800 SECOND ST., STE 780 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | Dennis Schroeder |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 2150 Goodlette Rd N |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | NAPLES, FL 34102 |

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, on an attachment with an address.

SIGNATURE: _____ **FEES REQUIRED** 1-20-98 94-921-9700

CR2E034 (10/97)

Officers and Directors Cont

Additions to Officers and Directors in 12

Additional

V.P

Barbara J. Knox

7860 Palm Aire La #203

Sarasota, FL 34243