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

PROFIT **CORPORATION ANNUAL REPORT**

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F96000002220 (9) DOCUMENT #
1. Corporation Name

ARGONAUT DEVELOPMENT GROUP, INC.

Principal Place of Business Mailing Address 3900 S. ROOSEVELT BLVD 3900 S. ROOSEVELT BLVD KEY WEST FL 33040 KEY WEST FL 33040

FILED Apr 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/03/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 65-0698903 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **BUTLER, ROBERT A** 3900 SOUTH ROOSEVELT BLVD Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 City 84 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, typed or printed name of regestered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 11 TITLE NAME BUTLER, ROBERT A 12 NAME 9710 MIDDLETON RIDGE ROAD STREET ADDRESS 1.3 STREET ADDRESS **VIENNA VA 22182** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE Change Addition 21 TITLE NAME WALDRON, PAUL L 22 NAME STREET ADDRESS % 1055 N. FAIRFAX ST., 4TH FLOOR 2.3 STREET ADDRESS ALEXANDRIA VA 22314 CITY-ST-7IP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY+ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY+ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 at 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 contration 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 chan od, or on an attraction with an address.

SIGNATURE: