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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700006593 (4)

5155 ISLA KEY BLVD., INC.

FILED Apr 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address ONE BEACH DRIVE SE. STE 220 ONE BEACH DRIVE SE. STE 220 ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1997 2, Principal Place of Business 2a. Mailing Address Applied For 21 26 APPLIED FOR Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 I'I No 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROBERGE, THOMAS C 81 Name ONE BEACH DRIVE SE, STE 220 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33701 83 64 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 title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PCD Addition DELETE Change TITLE 1.1 TITLE DUCLOS, ALAIN NAME 1.2 NAME R2E034 ONE BEACH DRIVE SE, STE 220 STREET ADDRESS 1.3 STREET ADDRESS **S**T PETERSBURG FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change TITLE 2.1 TITLE Addition **DUCLOS, EVELYN** NAME 2.2 NAME ONE BEACH DRIVE SE, STE 220 STREET ADDRESS 2.3 STREET ADDRESS **ST PETERSBURG FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE **DUCLOS, BRIGITTE** NAME 3.2 NAME ONE BEACH DRIVE SE, STE 220 STREET ADDRESS 3 3 STREET ADDRESS **ST PETERSBURG FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TILE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Z Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE -04/13/98---01007---023 NAME 6.2 NAME ***150.00 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 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 or op all attachment with an address.