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

May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthaga ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G02554 (5)GAVIN W. O'BRIEN, P.A. Mailing Address Principal Place of Business % GAVIN W. O'BRIEN, ESO. 1808 MANATEE AVE. WEST % GAVIN W. O'BRIEN. ESO. 1806 MANATEE AVE. WEST BRADENTON FL 34205-5895 DO NOT WRITE IN THIS SPACE BRADENTON FL 34205-5995 3. Date Incorporated or Qualified 09/30/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2225620 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. □ No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name O'BRIEN, GAVIN W., ESQ. 1808 MANATEE AVE. WEST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 83 84 City Zip Code Sections 607.0502 and 607.1508, Flying Statutes, the above-named corporation submits this statement for the purpose of changing its registered ge was authorized by the corporation's board of direct 0505, Florida Statutes. s. I hereby accept the appointment as registered. DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE Addition TITLE 1.1 TITLE O'BRIEN, GAVIN W. 12 NAME NAME 1806 MANATEE AVE. WEST STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TETL F 21 TITLE O'BRIEN, GAVIN W. NAME 22 NAME 1808 MANATEE AVE. WEST STREET ADDRESS 2.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the even ption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied ental 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 of 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 organ attachment with all address.

CITY-ST-ZIP

SIGNATURE:

FILED

23 1998: 741.4399