SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). FIFD PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 99 SEP 30 PN 1:31 1999 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAMASSEE, FLORIDA **DOCUMENT #** ALHAMBRA PROPERTIES I, INC. Principal Place of Business Mailing Address % JOHN P HOWARD % JOHN P HOWARD 1606 MONUMENT AVE. POB 675 1606 MONUMENT AVE. POB 675 PORT ST JOE FL 32456 PORT ST JOE FL 32456 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1983 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-2384022 21 26 Not Applicable Suite: Apl. #, 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 Z_{W} Country 8. This corporation owes the current year Country [] Yes Intangible Personal Property. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HOWARD, JOHN P 82 1606 MONUMENT AVE PORT ST JOE FL 32456 83 84 City 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 Spectre typed or printed name of registered agent and title if applicable (2/3)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TILLE DST 1.1 TITLE Change Addition DELETE CR2E034 JAMES, PATRICIA H. NAME 1 2 NAME 400 DESOTO DR STREET ADDRESS 13 STREET ADDRESS MIAMI SPRGS, FL 00000 CONST-Z 1.4 CITY-ST-ZIP DELETE Change Addition DILLE 2 1 TITLE HOWARD, JOHN P NASS 2.2 NAME 1606 MONUMENT AVE SI REFILADORESS 2 3 STREET ADDRESS PORT ST JOE, FL 00000 C(1)-S1-2(P) 2 4 CITY-ST-ZIP DELETE Tille Change Addition NAME 3 2 NAME 3 3 STREET ADDRESS STREET ASSERESS 3.4 CITY-ST-ZIP CITY-\$1-76 DELETE Change Addition THRE 4.1 Title NAME: 4.2 NAME 4 3 STREET ADDRESS OTYSI-76 4.4 CITY-ST-2(P DELETE Tille 5 1 TITLE Change Addition NAMS 5.2 NAME STREET ADDIRESS 5.3 STREET ADORESS 5 4 CITY-ST-ZIP CHY-ST 761 TITLE DELETE 6.1 TITLE Change Addition NAME 6 2 NAME 6 3 STREET ADDRESS 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 or supplimental 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 controlling or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR