SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(8)

MARIANNA REALTY COMPANY

FILED
Aug 19 1998 8:00am
Secretary of State

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|---|---------------------------------------|-------------------|---------------------|---------------------|--|--|-------------------------------|---|------------------|---------------------------------------|
| Principal Plac | e of Business | | Mailing Add | ress | | | | | AIMIS MIRIT BIRL | WINES |
| C/O JOHN ALL | LISON I II | | JOHN ALLISON III | | | | | | | |
| 100 SE SECOND ST. #3350 100 SE SECOND ST. #3350 | | | | | 50 | DO NOT MIDITE IN THIS SPACE | | | | |
| MIAMI FL 33131 | | | | | | | | DO NOT WRITE IN THIS SPACE | | |
| 03 | | | US | | | | | 3. Date Incorporated or Qualified | | |
| 5 Division 5 | Name of Day Inches | | [A. M. | | | | | 11/10/1983 | | |
| | lace of Business | | 2a. Mailing Address | | | | | 4. FEI Number | — | Applied For |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 59-2398544 | | Not Applicable | |
| | 22 | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | Additional Required |
| City & Stat | | | City & State | | | | | A 51-41-0 | | |
| 23 | | | 28 | | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| Zip Country | | | Zip Country | | | ntrv | | 8. This corporation owes or has paid the current year Intangible | | |
| 24 | 25 | y | 29 | | 30 | | | Personal Property Tax due June 30. | Yes | No |
| [24] | · · · · · · · · · · · · · · · · · · · | Idress of Current | | ent | 1301 | | | 10. Name and Address of New Registered | | - W |
| Alli | SON, JOHN R. III | | | | | 81 | Name - | | | |
| | SE SECOND ST. | #3350 | | | ĺ | | PKI | PNK D. NEWMAN | | |
| 4910 | | F0050 | | | | 82 | | ss (P.O. Box Number is Not Acceptable) FLAGLER ST., SUITE # 700 | | |
| , ,,,, | , MI FL 3 3131 | | | | | 63 | G W | FERGLER SI., SUITE | / c | · · · · · · · · · · · · · · · · · · · |
| in in it. | MI 1 C 00 10 1 | | | | ĺ | | | | | |
| | | | | | 1 | 84 | City An | hi FI | 85 Zip | Code |
| 11 Duraman | t to the province of a | nactions CO7 OFO2 | and 607 4500 f | Tanida Ctabuta | | | | | | 3/30 |
| Pursuant to the provisions of sections 607.0502 and 607.1508, Fforida 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 Fforida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and agreet the obligations of, section 607.0505, Fforida Statutes. | | | | | | | | | | |
| agent. I am familiar with, and aucept the obligations of, section 607.0505, Florida Statutes. | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed in | <u> </u> | yewno | <u> </u> | NTC: Desiglar | | -1-1 | ed when reinstaling) DATE | <u> 78</u> | |
| 12. | algulates, open or printed i | OFFICERS AND | | 100 | 13. | 180 Aye | III signatore require | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECT | ORS IN 12 |
| TITLE | VSD | | | DELETE | 1.1 TIT | LE. | | | Change | |
| NAME | DICARLO, BEN | | L_ | | 1,2 NA | ME | | | - Ontarigo | L Addition |
| STREET ADDRESS 10281 E BAY HARBOR DR. | | | 1.3 STREET ADDRESS | | | REETAD | ODRESS | | | ĺ |
| CITY-ST-ZIP | FLORIDA 33154 | | | | | TY-ST-21 | | | | |
| TITLE | PD | | | 7 | 2.1 TIT | | " | | | |
| NAME | NEGLEY, MARIA | | | | | | l l | | Change | Addition |
| | | NNA | L | DELETE | I - | | | | Change | Addition |
| | | | L | DELETE | 2.2 NA | ME | nneess | | Change | Addition |
| STREET ADDRESS | 5018 TOWNLINE | RD. | L | _] DELEIE | 2.2 NA 2.3 STF | ME REET AD | | | Change | Addition |
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. 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 on an attachment with an address?

SIGNATURE:

and Millarus Mede

8-3-98 (716)554-6735

R2E034 (5/98)