**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 15 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name H95241 (6)VENICE PIER GROUP, INC. Principal Place of Business Mailing Address 1600 HARBOR DR. RD. 267 VENICE FL 34284-0267 P.O. BOX 267 VENICE FL 34284-0267 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/14/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2633210 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Ζıρ 8. This corporation owes or has paid the current/year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NOVACK, GREGORY R. 1790 CROTON Street Address (P.O. Box Number is Not Acceptable) 82 VENICE FL 34293 83 VENICE, 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. 4/8/98 SIGNATURE / name of rog-stered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD DELETE TITLE 1.1 TITLE Change NAME NOVACK, GREGORY R. 1.2 NAME 940 SUNSET DR 1790 CROTON STREET ADDRESS 1.3 STREET ADDRESS **VENICE FL 34293** CITY-ST-ZIP 14 CITY-ST-ZIP Change DELETE TITLE VPD 21 TITLE Addition PACHOTA, MICHAEL V. NAME 22 NAME 213 The Esphanade VENICE, FL 34285 2505 NORTHWAY DR. STREET ADDRESS 2.3 STREET ADDRESS **VENICE FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 & CITY - ST - 7IP

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), Fiorida 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 attagramment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

DELETE

DELETE

SIGNATURE: X

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

941+48417362

Change

Change

Addition

Addition

Addition