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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J13240 (3)

1. Corporation Name
ANCLOTE ESTATES, INC.

Principal Place of Business	Mailing Address
1110 GULF OAKS DRIVE TARPON SPRINGS FL 34689	1110 GULF OAKS DRIVE TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: 145 PHELPS ROAD	2a. Mailing Address 26: 145 PHELPS ROAD	3. Date Incorporated or Qualified: 05/05/1986
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:	4. FEI Number: 59-2738005 ☐ Applied For ☐ Not Applicable
City & State 23: RIDGEWOOD, NJ	City & State 28: RIDGEWOOD, NJ	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24: 07450 Country 25: USA	Zip 29: 07450 Country 30: USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NISSLEY, ELEANOR
1500 SUNSET RD.
APT. 6D
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: MR. JAY NAULT
82 Street Address (P.O. Box Number is Not Acceptable): RDG, INC.
83: 4860 WEST GANDY BLVD.
84 City: TAMPA FL 85 Zip Code: 33611

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: JAY P. NAULT — 1/31/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NISSLEY, ELEANORE S. 145 PHELPS RD. RIDGEWOOD NJ 07450	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VP NISSLEY, PETER B 76 E RIDGEWOOD AVE RIDGEWOOD, NJ 07450-3810	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NISSLEY, JAMES E 1110 GULF OAKS DRIVE TARPON SPRINGS FL 34689	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP NAULT, JAMES P / RDG, INC. 4860 WEST GANDY BLVD TAMPA, FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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 on an attachment with an address.

SIGNATURE: ELEANORE S NISSLEY — 1/31/97