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

PROFIT

Mar 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # J14050 (5)DETAILS BY KEN, INC. Principal Place of Business Mailing Address P.O. BOX 844 1104 N COLLIER BLVD MARCO ISLAND FL 34146 MARCO ISLAND FL 30909-0547 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/13/1986 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2691874 Not Applicable Suite, 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 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 4145 24 25 29 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GREUSEL, JAMIE B 1104 N COLLIER BLVD 82 Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 34145-2547 83 **B4** City Zip Code 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** (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TITLE BROWN KENNETH I. 2000 ROYAL MARCO WAY MARCO FELAND EL NAME **BROWN, KENNETH** 1.2 NAME 2000 ROYAL MARCO WAY PHE 1.3 STREET ADDRESS STREET ADDRESS MARCO ISLAND FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Addition TITLE ROBEN BERG, MARIA CRISTINA NAME ROSENBERG, MARIA CHRISTIN 2.2 NAME 936 N. BARFIELD DRIVE STREET ADDRESS 1936 N BARFIELD 2.3 STREET ADDRESS MARCO ISLAND FL CITY - ST - ZIP 2. 4 CiTY-ST-ZiP DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE Change __ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST-ZIP 14. Thereby certify that the information sypplied with this filing closs 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 suppliemental arrival 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 proporation 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 challeged, or on an attra himent with all address.

FILED