FILED 15 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 16 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** J16322 (6) CORAL SQUARE THIS END UP, INC. Principal Place of Business Mailing Address 1309 EXCHANGE ALLEY 1309 EXCHANGE ALLEY RICHMOND VA 23219 RICHMOND VA 23219 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/27/1986 2a, Mailing Address 2. Principal Place of Business Applied For 54-1373986 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Dosired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 UNITED STATES CORPORATION COMPANY 1201 HAYES ST Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 64 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 Rogistered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition 1.1 TITLE TITLE KEMENY, ROBERT 1.2 NAME NAME 1309 EXCHANGE ALLEY STREET ADORESS 1.3 STREET ADDRESS RICHMOND VA 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE THOMAS, JEFFREY L. NAME 2.2 NAME 1309 EXCHANGE ALLEY 2.3 STREET ADDRESS STREET ADDRESS RICHMOND VA 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - 2IP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE 5.1 TITLE Change 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-7IP 5.4 CITY-ST-ZIP Addition TITLE DELETE 61 TITLE Change NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 suppliemental 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 corporate for the receiver or trivition of the corporate for the receiver or trivition 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 corporate for the receiver of trivition of the corporate for the receiver of the corporate for the corporate for the receiver of the corporate for the receiver of the corporate for the corporate for the corporat

SIGNATURE: