

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

FILED  
Jan 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J62947 (3)  
1. Corporation Name  
COMMODORE COUNTRY, INC.



Principal Place of Business  
9021 US HIGHWAY 19 NORTH  
PINELLAS PARK FL 34666-5406  
US

Mailing Address  
9021 US HIGHWAY 19 NORTH  
PINELLAS PARK FL 34666-5406  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9125 US Hwy 19 N Suite, Apt. #, etc. 22 City & State 23 Pinellas Park, FL Zip 24 33782 Country 25 Pinellas		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 03/12/1987	
		4. FEI Number 59-2781966		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

SCHATZEL, PETER  
C/O PEEL, BARKER, SCHATZEL & WELLS  
500-94TH AVE NORTH  
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 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

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	DP	11 TITLE	President
NAME	STREICH, EDWARD J.	12 NAME	Streich, Ellen L.
STREET ADDRESS	3109 MASTERS DR	13 STREET ADDRESS	3109 Masters Drive
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Clearwater, FL 33761
TITLE	DT	21 TITLE	
NAME	BEAMAN, ROBERT L	22 NAME	
STREET ADDRESS	4348 43RD ST SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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:

*[Signature]*

12/31/97

813-577  
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CR2E034 (10/97)