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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

3. Date Incorporated or Qualified: 03/12/1987
4. FEI Number: 59-2781966
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
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

2. Principal Place of Business: 21 9125 US Hwy 19 N, 22 Suite, Apt. #, etc., 23 Pinellas Park, FL, 24 33782, 25 Pinellas, 26 27 City & State, 28 Zip, Country, 29 30
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, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|----------------------|
| TITLE | DP STREICH, EDWARD J. 3109 MASTERS DR CLEARWATER FL | 11 TITLE | President |
| NAME | | 12 NAME | Streich, Ellen L. |
| STREET ADDRESS | | 13 STREET ADDRESS | 3109 Masters Drive |
| CITY-ST-ZIP | | 14 CITY-ST-ZIP | Clearwater, FL 33761 |
| TITLE | DT BEAMAN, ROBERT L 4348 43RD ST SOUTH ST PETERSBURG FL | 21 TITLE | |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: _____ 12/31/97 813-577 9200

CR2E034 (10/97)