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

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

May 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)J65027 ATLANTIC NAUTILUS OF COCOA BEACH, INC. Principal Place of Business Mailing Address 121 ST CROIX AVE 121 ST CROIX AVE **COCOA BEACH FL 32931** COCOA BEACH FL 32931 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/26/1987 2. Principal Place of Business 2a. Mailing Address Applied For 59-2993508 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 29 30 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name ISON, DOROTHY ANN 121 ST CROIX AVE Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH FL 32931 83 Zip Code 84 City 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 impistered agent and little if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1 1 TITLE TITLE ISON, DOROTHY ANN 12 NAME NAME 121 ST CROIX AVE STREET ADDRESS 1.3 STREET ADDRESS COCOA BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Change ___ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

L-28 98

6.4 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

FILED