**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 05 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)K11555 GARRETT REALTY SERVICES, INC. Principal Place of Business Mailing Address 3723 EAST C30-A 3723 EAST C30-A SEAGROVE BCH. FL 32459 SEAGROVE BEACH FL 32459 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/11/1988 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-2875043 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARRETT, MARIE 3723 W C30A Street Address (P.O. Box Number is Not Acceptable) SEAGROVE PLAZA 83 SEAGROVE BEACH FL 32459 84 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 lamiliar 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. 1.1 TITLE DELETE \_\_ Change \_\_\_ Addition GARRETT, MARIE 1.2 NAME NAME 3723 EAST C30-A STREET ADDRESS 1.3 STREET ADDRESS SEAGROVE BCH. FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE TITLE ARTHUR, JULIA C. NAME 22 NAME STREET ADDRESS 3723 EAST C30-A 2.3 STREET ADDRESS SEAGROVE BCH FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition

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 logal 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

61 TITLE

6 2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

850-131-1540