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

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** K13063 (8)LAND & SEA VENTURES, INC. Principal Place of Business Mailing Address % JOHN HENRY PENNELL % JOHN HENRY PENNELL 450 NE RIVER DR 450 NE RIVER DR DO NOT WRITE IN THIS SPACE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 3. Date Incorporated or Qualified 01/27/1988 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 NOT APPLICABLE Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 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 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PENNELL, PATRICIA 424 NE RIVER DR Street Address (P.O. Box Number is Not Acceptable) DEERFIELD BEACH FL 33441 83 Zip Code 85 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 little if applicable (NOTE. Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1,1 TITLE Change TITLE NAME PENNELL, JOHN HENRY 1.2 NAME **72E034** 450 NE RIVER DR STREET ADDRESS 1.3 STREET ADDRESS DEERFIELD BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PENNELL, PATRICIA NAME 22 NAME 450 NE RIVER DR 2.3 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL CITY - ST - ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE PENNELL, MICHAEL NAME 3.2 NAME 2531 S OCEAN BLVD, #8 3.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME PENNELL, DAVID 4. 2 NAME STREET ADDRESS 1100 SE 4 AVE 4.3 STREET ADDRESS DEERFIELD BCH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition TITLE DELETE 5.1 TITLE Change PENNELL, REGINALD 5.2 NAME NAME STREET ADDRESS 2140 NE 2ND DR. 5.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change ___ Addition 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

1-4-98

954-426-2628

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 assenting that the information is the receiver of the corporation or the receiver of 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 assenting the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed, or on an assenting the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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STREET ADDRESS CITY-ST-ZIP

SIGNATURE: