SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 23 1998 8:00am` **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** (7) PRIME SITE DEVELOPMENT OF VERO, INC. Principal Place of Business Mailing Address 1245 SPRING LAKE DRIVE 1245 SPRING LAKE DRIVE ORLANDO FL 32804 ORLANDO FL 32804 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1989 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2932914 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 30 Personal Property Tax due June 30. 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CAIRNS, ROBERT A. 1245 SPRING LAKE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 84 City Zip Code 85 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 reinstaling) DATE (2/38)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13, MPT TITLE 1.1 TITLE ___ DELETE Change ___ Addition 3.R2E034 CAIRNS, ROBERT A. NAME 1.2 NAME 1245 SPRING LAKE DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE DELETE ___ Change ___ Addition CAIRNS, ROBERT A. NAME 2.2 NAME 1245 SPRING LAKE DRIVE 2.3 STREET ADDRESS STREET ADDRESS ORLÁNDO FL 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3.1 TITLE DELETE ___ Change ___ Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE __ Change NAME 5.2 NAME

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 accurrate 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

BBERT A. CAIRNS,

DELETE

_ Change __ Addition