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

Apr 30 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # K72560 ERNEST LAND, INC. Principal Place of Business Mailing Address 1560 LANCASTER TERR 1580 LANCASTER TERR JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2934279 21 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Ζιρ 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ERNEST, ALBERT, JR. 1560 LANCASTER TERR, STE 1402 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32204 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE INCITE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELE 1E Change 1.1 TITLE TITLE ERNEST, ALBERT, JR. 1.2 NAME NAME 1560 LANCASTER TERR, #1402 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 14 CITY-ST-ZIP DELFTE 2.1 THLE Change Addition TITLE ERNEST, DONNA S. NAME 2.2 NAME 1560 LANCASTER TERR. #1402 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL CITY-S1-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THILE 3 2 NAME NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S1-ZIP DELETE 5.1 THLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP UFLETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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 eath; that I am an officer or director of the corporation or the receiver or trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address

SIGNATURE:

FILED