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FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K83604 (4)
 1. Corporation Name
FLORIHOLD, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **C/O ELIZABETH COLEMAN BREUER**
 5370 GULF OF MEXICO DRIVE
 LONGBOAT KEY FL 34228
 US

Mailing Address: **5370 GULF OF MEXICO**
 LONGBOAT KEY FL 34228
 US

3. Date Incorporated or Qualified
04/24/1989

4. FEI Number **65-0141858**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

9. Name and Address of Current Registered Agent
COLEMAN, ELIZABETH A BREUER
 5370 GULF OF MEXICO DRIVE
 LONGBOAT KEY FL 34228
NAME CHANGE ONLY

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	COLEMAN, ELIZABETH A	
STREET ADDRESS	5370 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PELSERS, HENNY	
STREET ADDRESS	ALEXANDER BATTALAN 40	
CITY-ST-ZIP	8221-CE MAASTRICHT NE	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHACKLETT, SHARON A	
STREET ADDRESS	5370 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME **BREUER, ELIZABETH**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100002483421
 -04/15/98--01042--021
 ***300.00

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 attachment with an address.

SIGNATURE *Elizabeth A. Breuer* **4/16/98** **941-383-6424**

CR2E034 (10/97)