SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

APPROVED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 1997 AUG 11 PM 2: 50 ANNUAL REPORT Secretary of State SECRETARY OF STATE TALLAHASSEE, FLORIDA 1997 **DIVISION OF CORPORATIONS** DOCUMENT # MODERN PROPERTIES OF ST. AUGUSTINE, INC. Principal Place of Business Maiting Address **C/O PERRY ROBBINS** C/O PERRY ROBBINS 530 FIRST AVENUE. SUITE 7-H 530 FIRST AVENUE, SUITE 7-H NEW YORK NY 10016 NEW YORK NY 10016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 10/03/1989 05/01/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 59-2972453 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 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Žip 8. This corporation owes or has paid the current year Intangible 24 Yes 25 Personal Property Tax due June 30. ☐ No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BAILEY, JR., JOHN D. Name UPCHURCH, BAILEY & UPCHURCH 82 Street Address (P.O. Box Number is Not Acceptable) 780 NORTH PONCE DE LEON BLVD. В3 ST. AUGUSTINE FL 32084 84 City Zip Code 85 3. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered th change was authorized by the corporation's board of directors. I hereby accept the appointment as registered on 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the SIGNATURE (NOTE: Registored Agent argnature required when re-instating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETÉ TITLE 1.1 TITLE Change Addition ROBINS, PERRY NAME 1.2 NAME 000002263**770--**-08/11/97--01146--007 530 1ST AVE. STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 1.4 CiTY - ST - ZiP ****558 ******558** TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change TITLE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITI F Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify had the port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ration or the receiver the state long wered to execute this report as required by Chapter 607, Florida Statutes; and that my name need, or on an attachment attention address. 14. I do hereby certify that the information information indicated on this annual of I am an officer or director of tho cope appears in Block 12 or Block 14 f cha oport or suppleme

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

ALBERTAL RIGHT

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Addition