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

Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 (8)**DOCUMENT #** BAND HOUSE REALTY CORP. Principal Place of Business Mailing Address 201 DUVAL ST. KEY WEST FL 33040 201 DUVAL ST. KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0047760 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #. ctc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Čountry Zφ Country 8. This corporation owes or has paid the current year Intangible Yes Yes 25 30 Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HALPERN, MICHAEL 209 DUVAL STREET 82 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 11 TITLE TITLE SNELGROVE, SIDNEY NAME 1.2 NAME 209 DUVAL ST. STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL CITY-ST-ZIP 1.4 CITY - ST- ZIP TITLE DELETE 21 TITLE Change Addition SNELGROVE, SIDNEY NAME 2.2 NAME 209 DUVAL ST. STREET ADDRESS 2.3 STREET ADDRESS KEY WEST FL 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE HALPERN, MICHAEL NAME 3.2 NAME 209 DUVAL STREET 3.3 STREET ADDRESS STREET ADDRESS KEY WEST FL CITY - ST - ZIP 3 4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THEE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition 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. I further certify that the information indicated on this annual report or supplienced annual report or supplienced annual report or supplienced annual report or supplienced annual report or the receiver or trusten 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:

305/2962388

FILED