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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

M75990

(5)

TELLURIDE INVESTMENTS, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 31622 US 19 N 31622 US 19 N PALM HARBOR FL 34684 PALM HARBOR FL 34684 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2930115 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$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 28 Country Žip Country 8. This corporation owes or has paid the current year thangable 25 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEAHON, LAWRENCE P. 31622 US 19 N Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34684 City Zip Code 85 FL 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** Signature, typod or printed name of registered agent and tilled applicable (NOTE Biogistered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition 1 1 TITLE Change TITLE LEAHON, LAWRENCE P. 1.2 NAME NAME 31622 US 19 N 13 STREET ADDRESS STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 1.4 C/TY-ST-Z/P Addition DELETE Change TITLE 2.1 TITLE LEAHON, PETER L. 2.2 NAME HALLE 31622 US 19 N 2 3 STREET ADDRESS **ETREET ADORESS** PALM HARBOR FL CITY-ST-ZIP 2.4 City-St-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST - ZiP DELETE Change Addition 5.1 TOLE TITLE NAME 5.2 NAME STREET ADORESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 2IP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME 6 3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP

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 suppliemental 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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6, or on an attachment with an address