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Mar 05 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 # M76343 (6)  
1. Corporation Name  
PICKETT COVE, INC.

Principal Place of Business Mailing Address  
801 N. MAGNOLIA AVENUE SUITE #201 801 N. MAGNOLIA AVENUE SUITE #201  
P.O. BOX 2867 P.O. BOX 2867  
ORLANDO FL 32803 ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/13/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2883109	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNOLD, WILLIAM W.  
801 N. MAGNOLIA AVENUE SUITE #201  
ORLANDO FL 32802

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	1.1 TITLE	D
NAME	ARNOLD, WILLIAM W.	1.2 NAME	R.E. Carrigan, Jr.
STREET ADDRESS	801 NORTH MAGNOLIA AVE	1.3 STREET ADDRESS	18350 E. Colonial Drive
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, Florida 32820
TITLE	D	2.1 TITLE	
NAME	HEINTZELMAN, R.N.	2.2 NAME	
STREET ADDRESS	2655 LAKESHORE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	CARRIGAN, SHERRI	3.2 NAME	
STREET ADDRESS	18580 E. COLONIAL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	EAGAN, WILLIAM L.	4.2 NAME	
STREET ADDRESS	801 NORTH MAGNOLIA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*William W. Arnold*

3/2/98 2407 841 1550

CP2E034 (10/97)