FILE NOW: FILING FEE IS \$61.25

FILED Jun 25 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION . Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF/CORPORATIONS 1998 DOCUMENT # N42219 (8) GARDENS BENEVOLENT ORGANIZATION, INC. Principal Place of Business Mailing Address LIVE OAK PLAZA UNITS #5 PO BOX 12633 3. Date Incorporated or Qualified ALTERNATE ATA LAKE PARK FL 33403 02/25/1991 LAKE PARK FL 33403 US 4. FEI Number Applied For 65-0244271 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired П 21 26 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. Election Campaign Financing \$5.00 May Be 27 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 28 Yes XNo 23 Zip Zip Country Country This corporation owes or has paid the current year Intangible PI No Yes 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name ADAMS, CHARLES F 82 Street Address (P.O. Box Number is Not Acceptable) 626 PROSPERITY FARMS RD. #6 83 N. PALM BCH FL 33408 84 Zip Code City 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered egent and little if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ... Change Addition ADAMS, CHARLES F NAME 1.2 NAME CP2EG37 626 PROSPERITY FARMS RD. #6 STREET ADDRESS 1.3 STREET ADDRESS N. PALM BCH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE LINGAFELTER, NANCY NAME 2.2 NAME 4360C LILAC ST. STREET ADDRESS 2.3 STREET ADDRESS PALM BCH GARDENS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE NAME GLORIA J. JONES., APT. 104 800 GOLFVIEW IRD., APT. 104 NORTH PAKA BEACH, FL. 33408 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Addition Change | TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITE E 6.1 TITLE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

NAME

STREET ADDRESS CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information