


FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **N93000000868 (0)**  
Corporation Name  
**EVERGLADES OUTPOST, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>35601 SW 192 AVE<br/>FLORIDA CITY FL 33034<br/>US</b> | Mailing Address<br><b>1021 S. BISCAYNE RIVER DR.<br/>MIAMI FL 33169</b> |
|---|---|

|  |
|--|
| 3. Date Incorporated or Qualified<br><b>03/10/1993</b> |
| 4. FEI Number<br><b>65-0503733</b>                     |
| Applied For<br><input type="checkbox"/>                |
| Not Applicable<br><input checked="" type="checkbox"/>  |

|   |   |
|---|---|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26<br><b>35601 SW 192 AV</b> |
| 22<br>City & State  | 27<br>City & State<br><b>Homestead FL</b>           |
| 23<br>Zip   | 28<br>Zip<br><b>33034</b>                           |
| 24<br>Country   | 29<br>Country<br><b>Dade</b>                        |

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent

**FREER, ROBERT W JR  
35601 SW 192 AVE  
FLORIDA CITY FL 33034**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                          |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12     |  |
|---|--|---|--|
| TITLE<br><b>D</b>                                   | <input type="checkbox"/> DELETE            | 1.1 TITLE<br><b>D/P</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>FREER, ROBERT W JR</b>                   |  | 1.2 NAME<br><b>FREER ROBERT W. JR.</b>                    |  |
| STREET ADDRESS<br><b>1021 S. BISCAYNE RIVER DR.</b> |  | 1.3 STREET ADDRESS<br><b>35601 SW 192 AV</b>              |  |
| CITY-ST-ZIP<br><b>MIAMI FL 33169</b>                |  | 1.4 CITY-ST-ZIP<br><b>Homestead FL 33034</b>              |  |
| TITLE<br><b>D</b>                                   | <input type="checkbox"/> DELETE            | 2.1 TITLE<br><b>D/V</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>TANSEY, BARBARA</b>                      |  | 2.2 NAME  |  |
| STREET ADDRESS<br><b>1021 S. BISCAYNE RIVER DR.</b> |  | 2.3 STREET ADDRESS  |  |
| CITY-ST-ZIP<br><b>MIAMI FL 33169</b>                |  | 2.4 CITY-ST-ZIP   |  |
| TITLE<br><b>D</b>                                   | <input type="checkbox"/> DELETE            | 3.1 TITLE<br><b>D</b>                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>POWERS, MELISSA</b>                      |  | 3.2 NAME<br><b>Powers, Melissa</b>                        |  |
| STREET ADDRESS<br><b>1021 S. BISCAYNE RIVER DR.</b> |  | 3.3 STREET ADDRESS<br><b>35601 SW 192 AV</b>              |  |
| CITY-ST-ZIP<br><b>MIAMI FL 33169</b>                |  | 3.4 CITY-ST-ZIP<br><b>Homestead FL 33034</b>              |  |
| TITLE<br><b>D</b>                                   | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE<br><b>D</b>                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>PIERCE, JAMES R JR</b>                   |  | 4.2 NAME<br><b>Tansey Thomas J. III</b>                   |  |
| STREET ADDRESS<br><b>CPA-48 NE 15 ST</b>            |  | 4.3 STREET ADDRESS<br><b>1021 S. Biscayne River Drive</b> |  |
| CITY-ST-ZIP<br><b>HOMESTEAD FL</b>                  |  | 4.4 CITY-ST-ZIP<br><b>Miami FL 33169</b>                  |  |
| TITLE<br><b>D</b>                                   | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE<br><b>D</b>                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>CAJAS, LEE S</b>                         |  | 5.2 NAME<br><b>Tansey Sean P.</b>                         |  |
| STREET ADDRESS<br><b>1021 S BISCAYNE BLVD</b>       |  | 5.3 STREET ADDRESS<br><b>1021 S. Biscayne River Drive</b> |  |
| CITY-ST-ZIP<br><b>MIAMI FL</b>                      |  | 5.4 CITY-ST-ZIP<br><b>Miami FL 33169</b>                  |  |
| TITLE   | <input type="checkbox"/> DELETE            | 6.1 TITLE<br><b>D</b>                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  |  | 6.2 NAME<br><b>Doucett John</b>                           |  |
| STREET ADDRESS                                      |  | 6.3 STREET ADDRESS<br><b>35601 SW 192 AV</b>              |  |
| CITY-ST-ZIP   |  | 6.4 CITY-ST-ZIP<br><b>Homestead FL 33034</b>              |  |

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

SIGNATURE: Robert W Freer Jr **ROBERT W FREER JR 27 Apr 98 3052478006**

CR2E037 (10/97)