


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000004018 NC 8/18/97					
1. Corporation Name INTERNATIONAL HEMINGWAY FESTIVAL INCORPORATED NEW ATLANTIS FESTIVALS, INCORPORATED					
Principal Place of Business 2323 Del Prado Boulevard Suite 7 Cape Coral, FL 33990			Mailing Address Same		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 5/20/97, effective 5/15/97 4. FEI Number 65-0754085	
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		7. Is this nonprofit corporation a homeowners association? <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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent Thomas E. Shipp, Jr. 4223 Del Prado Boulevard Cape Coral, FL 33904			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 Zip Code		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 agent and beneficial applicant) (NOTE: Registered Agent signature required when installing) DATE: _____					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME Director, P 13 STREET ADDRESS Hilary Hemingway 14 CITY-ST-ZIP 2323 Del Prado Boulevard - Suite 7 Cape Coral, FL 33990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME Director, VP 23 STREET ADDRESS Carlene Brennen 24 CITY-ST-ZIP 2323 Del Prado Boulevard - Suite 7 Cape Coral, FL 33990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME Director, T 33 STREET ADDRESS Mina Hemingway 34 CITY-ST-ZIP 2323 Del Prado Boulevard - Suite 7 Cape Coral, FL 33990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME Director, S 43 STREET ADDRESS Jeffrey Freundlich 44 CITY-ST-ZIP 2323 Del Prado Boulevard - Suite 7 Cape Coral, FL 33990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 25 53 STREET ADDRESS 512 54 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 700002524067 63 STREET ADDRESS -05/14/98--01104--028 64 CITY-ST-ZIP ***\$61.25		
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: Hilary Hemingway - HILARY HEMINGWAY 4/30/98 (741) 945-0308					

CR2E037 (10/97)