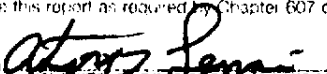


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED
Apr 28 1998 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name FERRARI REAL ESTATE, INC.			DOCUMENT # P93000041403 (5)		
Mailing Address 17070 TARPON WAY N FT MYERS FL 33917			Principal Place of Business 17070 TARPON WAY N FT MYERS FL 33917		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 06/04/1993			3a. Date of Last Report		
4. FEI Number 65-0419613			Applied For Not Applicable		
5. Certificate of Status Desired S8.75			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
7. Nonprofit Exempt from \$138.75 Supplemental Fee			8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☒ Yes ☐ No		
2. Mailing Address 21 P.O. BOX 6599 Suite, Apt. #, etc. 22 Ft Myers FL City & State 23 33911 Lee Zip Country 24 25			2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		
9. Name and Address of Current Registered Agent HEIST H. ANTHONY 1081 ESTERO BLVD SUITE 20 FT MYERS FL 33932			10. Name and Address of New Registered Agent 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 or 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 607.0505 or 617.0505, Florida Statutes.					
SIGNATURE Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when reinstating)			DATE		
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP			13. CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			600002505936 -04/30/98--01006--005 ***150.00 PE 4.28		
SIGNATURE: 			Date: 4/11/98 Daytime Phone:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					