

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 17 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 # P93000048895 (5)

1. Corporation Name  
SOUTHERN COMFORT INVESTMENTS, INC.



Principal Place of Business  
1314 CAPE CORAL PKWY SUITE 204  
CAPE CORAL FL 33904  
US

Mailing Address  
PO BOX 68  
CAPE CORAL FL 33910

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 107900 OVERSEAS HWY Suite, Apt. #, etc.		2a. Mailing Address 26 107900 OVERSEAS HWY Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/13/1993	
22 City & State 23 KEY LARGO FL		27 City & State 28 KEY LARGO FL		4. FEI Number 65-0422514	
24 33037		25 MONROE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 33037		30 MONROE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent REMHOFF, WALTER J 5265 NAUTILUS DRIVE CAPE CORAL FL 33904				10. Name and Address of New Registered Agent 81 Name ANNE PICHLER 82 Street Address (P.O. Box Number is Not Acceptable) 107900 OVERSEAS HWY 83 84 City KEY LARGO FL 85 Zip Code 33037	

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 ANNE PICHLER DATE 1/23/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST REMHOFF, WALTER 5265 NAUTILUS DRIVE CAPE CORAL FL 33904 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ANNE PICHLER POST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 107900 OVERSEAS HWY KEY LARGO, FL, 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7000002459827 -03/17/98--01076--025 ***150.00

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: ANNE PICHLER 1/23/98 13957451-1133

CR2E034 (10/97)