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

PROFIT FLORIDA DEPARTMENTOF STATE FILED **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 JUN 30 AM 9: 56 DOCUMENT # SECRETAIN OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 103400 OVERSEAS HIGHWAY PO BOX 3087 SHITE 108 KEY LARGO FL 33037 DO NOT WRITE IN THIS SPACE KEY LARGO FL \$3037 US 3. Date Incorporated or Qualified 03/16/1990 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number Not Applicable 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes □ No 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 GREGG, MARK H. 99101 OVERSEAS HIGHWAY 82 KEY LARGO FL 33037 83 84 City _ 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 stered agent and title if appl outred when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE HADID PARIDA FERNS, WILLIAM NAME 1.2 NAME OPFICE BOX 3087 N/A POST OFFICE BOX 3087 N/A STREET ADDRESS 1.3 STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP 1.4 CITY-ST-ZIP STD DELETE 2.1 TITLE Change Addition TITLE NAME FERNS, FREDA 2.2 NAME STREET ADDRESS POST OFFICE BOX 3087 N/A 2.3 STREET ADURESS KEY LARGO FL 33037 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS ****150.00 ****150.00 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 Section 1 further certify that the information

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 Sections 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 addirector.