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

FILED Mar 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** P94000008528 (9) OKEE DREAMS, INC. Principal Place of Business Mailing Address 2400 OKEECHOBEE BLVD 2400 OKEECHOBEE BLVD WEST PALM BEACH FL 33909 WEST PALM BEACH FL 33909 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1994 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0470264 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent R1 Name BELL, MICHAEL **103 TIMBER LANE** 82 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33458 83 84 City 85 Zip Code 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 Signature, typod or printed name of registured agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change ☐ Addition TITLE 11 TITLE BELL, MICHAEL R NAME 1.2 NAME **103 TIMBER LANE** STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL 33458 CITY - ST - ZIP 1.4 CITY-ST-ZIP **VPST** DELETE Change Addition 2.1 TITLE TITLE BELL, PAMELA 2.2 NAME NAME **103 TIMBER LANE** 2.3 STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 THILE ☐ Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME

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 a corporation of the cor

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

98 381-189.3221

CR2E034 (10/97

Addition

Change