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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000032078 (5)

LANARKSHIRE HOLDINGS, INC.

Principal Place of Business Mailing Address 10480 ROOSEVELT BLVD 10460 ROOSEVELT BLVD SUITE #224 SUITE #224 DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716 3. Date Incorporated or Qualified 04/25/1994 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-3237229 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apl. #, 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 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 29 30 10, Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KREIS, CLAYTON C **6287 92 PLACE NORTH SUITE 2702** Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 34666 83 84 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, typed or printed name of registered agent and title it approable (NOTE Registered Agost signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 1BLE TITLE DIXON, JOSHUA W NAME 1.2 NAME **6287 92 PLACE NORTH SUITE 2702** STREET ADDRESS 1.3 STREET ADDRESS PINELLAS PARK FL 34666 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TILLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 7 IP DELETE Change Addition TITLE 5.1 TIDE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TATLE DELETE 6.1 HHLF Change Addition NAME G 2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 eath; 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: / / 5-

CITY-ST-ZIP

1/3-158

FILED

Feb 06 1998 8:00am

Secretary of State