

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

FILED
Jun 24 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 # P94000036844 (6)
 1. Corporation Name
DREAM CATCHERS OF THE TREASURE COAST, INC.



Principal Place of Business: **230-11TH COURT VERO BEACH FL 32962**
 Mailing Address: **230-11TH COURT VERO BEACH FL 32962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/16/1994**

4. FEI Number: **59-3256963** Applied for: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-25) and 2a. Mailing Address (26-30) fields are also present with handwritten entries for Suite #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **KIRBY, PEGGY L. 230-11TH COURT VERO BEACH FL 32962**

10. Name and Address of New Registered Agent: **81 Name: Patricia A. OLKKOLA; 82 Street Address: 1712 Apache St. N.E.; 84 City: Palm Bay FL; 85 Zip Code: 32907**

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: *Gregory L. Kirby* (Date: 4/15/98) *Patricia A. Olkkola* (Date: 4-25-98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLKKOLA, PATRICIA A	12 NAME	
STREET ADDRESS	1712 APACHE STREET N.E.	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	14 CITY-ST-ZIP	
TITLE	VSTD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY, PEGGY ;	22 NAME	
STREET ADDRESS	230-11TH COURT	23 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32962	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: *Peggy L. Kirby* (Date: 4-25-98)

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