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

STREET ADDRESS

SIGNATURE:

FILED May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P94000043217 (6) DREAM PARK, INC. Principal Place of Business Mailing Address 1368 COUNTRYRIDGE PLACE 1368 COUNTRYRIDGE PLACE ORLANDO FL 32835 ORLANDO FL 32835 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/09/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3248094 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 П 23 Trust Fund Contribution Added to Fees 28 Zip Country ZiD Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KINWIN, BRIAN P. ESQ. LYON AND MCMANUS 82 Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE., SUITE 2180 83 ORLANDO FL 32801 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change 1.1 TITLE Addition TITLE POTTER, THOMAS E NAME 1.2 NAME CR2E034 **1368 COUNTRYRIDGE PLACE** 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 CITY-ST-ZIP 1.4 CITY-ST-ZIP ■ DELETE Addition DST 2.1 TITLE TITLE. POTTER, KRISTINE C 22 NAME NAME 1968 COUNTRYRIDGE PLACE 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change DELETE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 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 DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 chapged, or on an attachment with an address.