


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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra P. Morikam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P94000058733 (4) N/C 3/9/98		
1. Corporation Name D'S COUNTRY STORE, INC. MONTURA TRADING POST INC.		

Principal Place of Business 335 N DEVILS GARDEN RD CLEWISTON FL 33440 US	Mailing Address 335 N DEVILS GARDEN RD CLEWISTON FL 33440 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/08/1994	
4. FEI Number 65-0535479	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
ALSTON, CALVIN D 1324 S MAIN ST BELLE GLADE FL 33430	

10. Name and Address of New Registered Agent	
81 Name IRMA D. BRANAMAN	85 Zip Code FL
82 Street Address (P.O. Box Number is Not Acceptable) HC61 BOX 82	
83 City CLEWISTON, FL 33440	

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 Irma D. Branaman Irma D. Branaman DATE 4/27/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	ALSTON, CALVIN D
STREET ADDRESS	1324 SO MAIN ST
CITY-ST-ZIP	BELLE GLADE FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	HILL, H.E.
STREET ADDRESS	1324 SO MAIN ST
CITY-ST-ZIP	BELLE GLADE FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	ALVAREZ, LOUIS
STREET ADDRESS	335 N DEVILS GARDEN RD
CITY-ST-ZIP	CLEWISTON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES M. DICKSON
1.3 STREET ADDRESS	RT.2 BOX 168D
1.4 CITY-ST-ZIP	CLEWISTON, FL 33440
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	IRMA D. BRANAMAN
2.3 STREET ADDRESS	HC61 BOX 82
2.4 CITY-ST-ZIP	CLEWISTON, FL 33440
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	700002529417
4.3 STREET ADDRESS	-05/19/98--01069--040
4.4 CITY-ST-ZIP	***150.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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 Irma D. Branaman DATE 04/03/98

CR2E034 (10/97)