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

FILED May 18 1998 8:00am PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P94000090637 (7) DOCUMENT # CELINA HILLS, INC. Principal Place of Business Mailing Address 2450 N CITRUS HILLS BLVD 2450 N CITRUS HILLS BLVD HERNANDO FL 34442 HERNANDO FL 34442 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/07/1994 2. Principal Place of Business 2a. Mailing Address Applied For 59-3280713 Not Applicable 21 26 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 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ABEL, ERIC D 2450 N CITRUS HILLS BLVD **B2** Street Address (P.O. Box Number is Not Acceptable) HERNÁNDO FL 34442 83 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NO1). Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. **X** Change Addition DELETE 1.1 TITLE TITLE TAMPOSI, SAMUEL A JR. 1.2 NAME NAME 20 TRAFALGAR Sq., SUITE GOZ NASHUA, NH 03063 2450 N CITRUS HILLS BLVD 1.3 STREET ADDRESS STREET ADDRESS HERNANDO FL 34442 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE NASH, Q. PETER 2.2 NAME NAME 40 TEMPLE STREET 2450 N CITRUS HILLS BLVD 2.3 STREET ADDRESS STREET ADDRESS NASHUA, NH 03060 HERNANDO FL 34442 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3 1 TIZLE TITLE TAMPOSI, STEPHEN A. NAME 3.2 NAME 2450 N. CITRUS HILLS BLVD. 3.3 STREET ADDRESS STREET ADDRESS HERNANDO FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME PASTOR, JOHN E. 4. 2 NAME STREET ADDRESS 2050 N. BRENTWOOD CIR 4.3 STREET ADDRESS LECANTO FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITL€ TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

64 CITY-ST-ZIP 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 argichment with an address.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS