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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000012161 (2)

MIRAGE ON THE GULF DEVELOPMENT GROUP, INC

Principal Place of Business Mailing Address 801 LAUREL OAK DRIVE 801 LAUREL OAK DRIVE SUITE 640 SUITE 640 DO NOT WRITE IN THIS SPACE NAPLES FL 34108 NAPLES FL 33963 3. Date Incorporated or Qualified 02/10/1995 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For Not Applicable 65-0607935 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 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 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WOODWARD, MARK J 801 LAUREL OAK DRIVE, SUITE 640 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34108 83 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, typod or printed name of registered agent and title d applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME **Brown**, Darrell G 1.2 NAME into 600 **606 BALD EAGLE DRIVE STE 204** STREET ADDRESS 1.3 STREET ADDRESS 34145 MARCO ISLAND FL 33937 CITY-ST-ZIP 1.4 CITY-S1-ZIP DELETE TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-2IP 3.4. CHY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5 1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS**

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

Change

Addition

FILED

Apr 28 1998 8:00am

Secretary of State