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

CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 22 1998 8:00am

Secretary of State DIVISION OF CORPORATIONS

Secretary of State DOCUMENT # P95000025065 (0) FRANKLIN B. MANN, JR., P.A. Principal Place of Business Mailing Address 2263 MAIN STREET 2263 MAIN STREET FORT MYERS FL 33901 FORT MYERS FL 33901 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0576110 21 26 Not Applicable Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MANN, FRANKLIN B JR 2263 MAIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33901 83 84 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, typed or printed name of registered agent and litle if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE __ Change 1.1 TITLE NAME MANN, FRANKLIN B JR 1.2 NAME STREET ADDRESS 2263 MAIN STREET 1.3 STREET ADDRESS FORT MYERS FL 33901 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP ... I DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

4. I hereby certify that the information supplied with this filling 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 suppliemental 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 of the reviewer or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or for an appearance with an adjaces.

6.3 STREET ADDRESS

REFAULLIB Man Jr 1-14-58 SIGNATURE: