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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000038603 (3)

FILED Mar 23 1998 8:00am Secretary of State

ROOM MAKERS II. INC. Principal Place of Business Mailing Address 4770 HIGHWAY 98 WEST PO BOX 1670 SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/15/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 59-3329714 Suite, Apl. #, elc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Property Tax due June 30. No Personal Property Tax due June 30. 24 29 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROBINSON, CRAIG S 1184D CIRCLE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **DEFUNIAK SPRINGS FL 32433** 83 City 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE BOSWELL, JAMES P JR NAME 12 NAME 4770 HIGHWAY 98 WEST STREET ADDRESS 1.3 STREET ADDRESS SANTA ROSA BEACH FL 32459 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE BOSWELL, JOANNE L NAME 2.2 NAME 4770 HIGHWAY 98 WEST STREET ADDRESS 2.3 STREET ADDRESS SANTA ROSA BEACH FL 32459 CITY-S1-ZIP 2.4 CITY - ST - ZIP DETETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CHY-SI-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME 43 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST_ZIP DELETE Change Addition 61 HHE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - 2IP

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 rue 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 convertion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes and on an attachment with an address

SIGNATURE:

Jame & Bond B

3-18-98

850-267-2847