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

PROFIT CORPORATION ANNUAL REPORT 1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079237 (0)

GODFF	rey Thompson Realty, (INC.			
Principal Place	of Business	Mailing Address		·	1 188114861 118 10101 81415 88115 80111 80111 88115 18814 18118 11048 11111 5005 1881
1075 DUVAL SUITE C-17 KEY WEST F US		1075 DUVAL STREET SUITE C-17 KEY WEST FL 33040 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1995
	OUVAL ST	2a. Mailing Address 26 P	o Bo	χľ	4. FEI Number Applied For Not Applicable Not Applicable
Suite, Apt. #	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State	west FLA	28 KEY WEST		~	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
21p 24 330 Y	O 25 USA	20 3304/-1933 30	Country	15 V	
	Name and Address of Current	Registered Agent	81		10. Name and Address of New Registered Agent
MALLOY, JILL 7850 NW 146TH ST, SUITE 508 MIAMI LAKES FL 33016			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
			84	City	FL 85 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, Soction 607.0505, Florida Statutes. SIGNATURE Signafure, typed or pained cause of providing agent and latin it. (NOTE Registered Agent signature required when reinstating) DATE					
12.	OF MICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		THOMPS IN GUDENOU Lettange Addition
NAME STREET ADDRESS	THOMPSON, GODFREY 219 ELIZABETH ST		1.2 NAME 1.3 STREET	address	THOMPSIN, GUDFMAY WHEREIGE Addition 1125 DUVRIST.
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-S	T-ZIP	NPYWIST, F/. 330YD
TITLE			21 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET	ADDRESS	s

4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5 1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

2 4 CITY-ST-ZIP

33 STREET ADDRESS

3.4. CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

DELETE

DELETE

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 receivur 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: Y KOOSSOG MOU

4/29/98 305-296.670

☐ Change

Change

☐ Addition

■ Addition

FILED

May 07 1998 8:00am

Secretary of State