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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 06 1997 8:00am

Secretary of State

DOCUMENT # P95000086993 (9)

DIVESHARE DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address ONE PALMETTO DRIVE ONE PALMETTO DRIVE KEY WEST FL 33040 KEY WEST FL 33040-5641 3. Date Incorporated or Qualified 3a. Date of Last Report 11/13/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. f El Number Applied For 65-0640108 Not Applicable 26 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 23 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Yes Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MULHALL, THOMAS M ONE PALMETTO DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 84 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 Signature, typed or probled name of registered agent and true if applicable (NOTE Registered Agent signature required when roussating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change PĈ Addition TITLE 1.1 HIGE MULHALL, THOMAS NAME 1.2 NAME ONE PALMETTO DRIVE STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 1.4 C(TY - ST - 7)P DELETE ☐ Change Addition TITLE 21 11111 BUTLER, ROBERT NAME 22 NAME 3900 S. ROOSEVELT DR. STREET ADDRESS 2.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 2. 4 DITY-ST-ZIP DELETE TITLE 3.1 TITLE ___ Change ___ Addition NAME MAGILL, ANDY 3.2 NAME 3900 S. ROOSEVELT DR. STREET ADDRESS 3.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETÉ Change Addition TITLE 4.1 THE BUTLER, ROBERT NAME 4. 2 NAM 3900 S. ROOSEVELT DR. STREET ADDRESS 4.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 4.4 CHY- \$1-76 DELFTE TITLE Change Addition 5.1 1916 NAME 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CHY+ \$1 - ZIP ☐ DELETE 6.1 THLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do 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