

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

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000086993 (9)**  
 1. Corporation Name  
**DIVESHARE DEVELOPMENT CORPORATION**



Principal Place of Business <b>ONE PALMETTO DRIVE KEY WEST FL 33040</b>	Mailing Address <b>ONE PALMETTO DRIVE KEY WEST FL 33040</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3900 S. Roosevelt Blvd.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>3900 S. Roosevelt Blvd.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>11/13/1995</b>	
22 City & State 23 <b>Key West, FL</b>		27 City & State 28 <b>Key West, FL</b>		4. FEI Number <b>65-0640108</b> Applied For Not Applicable	
24 Zip <b>33040</b>		25 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29 Zip <b>33040</b>		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>MULHALL, THOMAS M ONE PALMETTO DRIVE KEY WEST FL 33040</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. - <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MULHALL, THOMAS M ONE PALMETTO DRIVE KEY WEST FL 33040</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) <b>3900 S. Roosevelt Blvd.</b>	
83				84 City <b>Key West</b>	
				85 Zip Code <b>FL 33040</b>	

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PC</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULHALL, THOMAS</b>	1.2 NAME	
STREET ADDRESS	<b>ONE PALMETTO DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTLER, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>3900 S. ROOSEVELT DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MAGILL, ANDY</b>	3.2 NAME	<b>Jerian Williams</b>
STREET ADDRESS	<b>3900 S. ROOSEVELT DR.</b>	3.3 STREET ADDRESS	<b>3900 S. Roosevelt Blvd.</b>
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	3.4 CITY-ST-ZIP	<b>Key West, FL 33040</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTLER, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>3900 S. ROOSEVELT DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:  **Thomas M. Mulhall** April 29, 1998 305-292-4800

CR2E034 (10/97)