FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS

## **FILED** Mar 31 1998 8:00am Secretary of State

|  | MENT # P95000<br>OUTH II, INC.  | 0093511 (0   | <b>)</b>   |                                       |  |  |
|--|---|--|--|---------------------------------------|--|--|
| Principal Place of Business Mailing Address                              |   |  |  |                                       | I (UBINUBA HTC HHTCH UNAH BUAN BHIN UDIN UDIN UDIN 1   | 0170 11101 01101 M031 M01 1801                         |
| 1333 MONTEREY BLVD NE<br>ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 |   |  |  |                                       | DO NOT WRITE IN THI  | S SPACE  |
|  |   |  |  |                                       | 3. Date Incorporated or Qualified  |  |
|  |   |  |  |                                       | 01/01/1996   |  |
| 2. Principal Place of Business 2a. Mailing Add                           |   |  | \$   |                                       | 4. FEI Number  | Applied For  |
| 21   |   | 26   |  |                                       | 57-1035337   | Not Applicable   |
| Suite, Apt. :  | #, etc.   | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired      | \$8.75 Additional<br>Fee Regulred  |  |
| City & State   |   | City & State   |  | 6 Floation Compaign Financian         |  |  |
| 23   | •   | 28   |  |                                       | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees                         |
| Zip  |   |  | Country  |                                       | This corporation owes or has paid the current year Intangible                                      |  |
| 24   | 25 29 30  |  | <u> </u>   | •                                     | Personal Property Tax due June 30.   | Yes No   |
|  | g. Name and Address of Currer   | t Registered Agent   |  |                                       | 10. Name and Address of New Registere  | d Agent  |
| . HO   | WE, RALPH E   |  | 8  | 1 Name                                |  |  |
| . 1333 MONTEREY BLVD., NE<br>ST. PETERSBURG FL 33704                     |   |  | 8  | 4,,,,,,,,                             | ress (P.O. Box Number is Not Acceptable)   |  |
| •  |   |  | 8  | 3                                     |  |  |
|  |   |  | 8  |                                       | F  |  |
| 11. Pursuant to<br>office or re<br>agent. Lar                            | o the provisions of Sections 607.050<br>ogistered agent, or both, in the State<br>in familiar with, and accept the obligi | 2 and 607.1508, Florida St<br>of Florida. Such change wations of, Section 607.0505 | atules, the abo<br>vas authorized l<br>5, Florida Statut | ve-named cor<br>by the corpora<br>es. | poration submits this statement for the purpose ation's board of directors. I hereby accept the ag | of changing its registered<br>opointment as registered |
| SIGNATURE  | Signature, typed or printed name of argistered ago  | rri and title if applicable  | (NOTE: Registered A                                      | gent signature requ                   | ired when reinstating) DATE  |  |
| 12.  | OFFICERS AN   | · · · · · · · · · · · · · · · · · · ·  | 13.  |                                       | ADDITIONS/CHANGES TO OFFICERS AF   |  |
| TITLE  | P   | ☐ DELETE   | 1.5 TITLE  |                                       |  | Change Addition  |
| NAME   | HOWE, RALPH   |  | 1.2 NAMI   | į.                                    |  |  |
| STREET ADDRESS   | 1333 MONTEREY BLVD. N.E.  |  |  | ET ADDRESS                            |  |  |
| CITY-ST-ZIP<br>TITLE   | ST. PETERSBURG FL 33704   | DELETE   | 1.4 CITY-<br>2.1 TITLE                                   |                                       |  | Change Addition  |
| NAME   |   |  | 2.1 TILLE<br>2.2 NAMI                                    | 1                                     |  | CT Cylange CT Vacation                                 |
| STREET ADDRESS   |   |  |  | ET ADDRESS                            | / <b>,</b>   |  |
| CITY-ST-ZIP  |   |  | 2.4 CITY   | 1                                     |  |  |
| TITLE  |   | DELETE   | 3.1 TITLE  |                                       | *****  | ☐ Change ☐ Addition                                    |
| NAME   |   |  | 3.2 NAMI   |                                       |  | -  |
| STREET ADDRESS   |   |  | 3.3 STRE   | ET ADDRESS                            |  |  |
| CITY-ST-ZIP  |   |  | 3 4. CITY  |                                       |  |  |
| TITLE  |   | DELETE   | 4 1 TITLE  |                                       |  | Change Addition  |
| NAME   |   |  | 4. 2 NAM   | E                                     |  |  |
| STREET ADDRESS   |   |  | 4.3 STRE   | et address                            |  |  |
| CITY-ST-ZIP  |   |  | 4.4 CITY-  | -ST-ZIP                               |  |  |
| TITLE  |   | DELETE   | 5.1 TITLE  |                                       |  | ☐ Change ☐ Addition                                    |
| NAME   |   |  | 5.2 NAME   |                                       |  |  |
| STREET ADDRESS   |   |  | 5.3 STRE   | et address                            |  |  |
| CITY-ST-ZIP  |   | T priese   | 5.4 CITY   |                                       |  | The There  |
| TITLE  |   | ☐ DELETE   | 6.1 TITLE  |                                       |  | Change Addition  |
| NAME   |   |  | 6.2 NAM6   |                                       |  |  |
| STREET ADDRESS   |   |  |  | ET ADDRESS                            |  |  |

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

3- 19-98