


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

1056

98 NOV -5 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <u>PA6000000518</u> 1. Corporation Name <u>CONTACT TO CLOSING, INC.</u>		

Contact To Closing
962 S. Tamiami Trail Ste. 301
Sarasota, FL 34236

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962 S. Tamiami Trail Ste. 301
Sarasota, FL 34236

DO NOT WRITE IN THIS SPACE

1. Date Incorporated or Qualified

2. Principal Place of Business 21 <u>5255 OCEAN BLVD</u> Suite, Apt. #, etc. 22 City & State 23 <u>SARASOTA, FL</u> Zip 24 <u>34242</u> Country 25 <u>USA</u>		2a. Mailing Address 26 <u>5255 OCEAN BLVD</u> Suite, Apt. #, etc. 27 City & State 28 <u>SARASOTA</u> Zip 29 <u>34242</u> Country 30 <u>USA</u>		4. FEI Number <u>65-0629785</u> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <u>Thomas W. Cail III</u> <u>2020 CRAFT LANE</u> <u>SARASOTA, FL 34236</u>				10. Name and Address of New Registered Agent 81 Name <u>BRIAN R. MARSHALL</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>3250 OLD OAK DR.</u> 83 84 <u>SARASOTA</u> FL 85 Zip Code <u>34239</u>	

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 printed name of registered agent and applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 11-2-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<u>PROVIDENT</u>	<u>BRIAN R. MARSHALL</u>	<u>3250 OLD OAK DRIVE</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<u>PISH</u>	<u>BRIAN R. MARSHALL</u>	<u>3250 OLD OAK DR.</u>
			<u>SARASOTA, FL 34239</u>				<u>SARASOTA, FL 34239</u>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
<input type="checkbox"/> DELETE	<u>VICE President</u>	<u>R. SCOTT DOTSON</u>	<u>850 S. TAMIAHI, APT 607</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
			<u>SARASOTA, FL 34236</u>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP
<input checked="" type="checkbox"/> DELETE	<u>President</u>	<u>THOMAS W. CAIL III</u>	<u>2020 CRAFT</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
			<u>SARASOTA, FL 34236</u>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 11-2-98

DAY/PHONE # 941-346-2111

CR2E034 (5/98)

20/2

CONTACT TO CLOSING, INC.
THE REALTORS® INFORMATION & REFERRAL SOURCE

November 2, 1998

To Whom it may concern,

Dear Sir or Madam:

I was advised by the Division of Corporations to send along with payment for my 1998 annual corporate report filing fee, this letter of explanation.

It was only by accident after coming across my companies info on your Internet site that I realized that our annual report had not been filed.

After calling, we determined the problem was that the annual report filed for 1997 mailing address was not properly changed. I had changed it to our new address under place of business and written SAME under mailing address. You took this to mean same as old address, not same as new address! Consequently, we never received our 98 annual report for filing.

Enclosed please find the fee along with an updated report to reflect additional changes. If you have any questions, please call me at 941-346-2111. Thank you for your consideration in this matter.

Sincerely,



Brian R. Marshall
President