

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

**FILED**

**Oct 16 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT  
 AMENDED **1998**  
 FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # P96000007171**  
 1. Corporation Name:

**DOGWATER CAPE IV, INC.**

Principal Place of Business:

Mailing Address:

*Amended*

DO NOT WRITE IN THIS SPACE!

21 **11408 U.S. 19 North**  
 State, Apt. #, etc.

22 City & State:

23 **Port Richey, FL**  
 Zip Country

24 **34668**

25

26 **116 Phillips Way**  
 State, Apt. #, etc.

27 City & State:

28 **Palm Harbor, FL**  
 Zip Country

29 **34683**

30

3. Date Incorporated or Qualified  
**01/23/1996**

4. FEI Number  
**59-3384295** Applied for Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **John Drozdyk**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**116 Phillips Way**  
 83  
 84 City **Palm Harbor, FL** 85 Zip Code **34683**

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: *John Drozdyk*

(Print - Registered Agent's signature required when in holding)

DAY

*10/8/98*

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>D,P,S,T John Drozdyk</b>
13 STREET ADDRESS	<b>116 Phillips Way</b>
14 CITY, ST, ZIP	<b>Palm Harbor, FL 34683</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>900002666339</b>
43 STREET ADDRESS	<b>-10/19/98--01006--049</b>
44 CITY, ST, ZIP	<b>***183.75</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption granted in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the recipient of the information reported to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 and changed or not indicated with an asterisk.

SIGNATURE:

(Print Name of Officer, Director, or Registered Agent)

*10/8/98*

CP2E034 (10/97)