APPROVED AND FILED

99 JUN 10 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PROFIT CORPORATION ANNUAL REPORT
1998 9

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018673 (9)

1. Corporation Name
LAND SHARKS OF THE PALM BEACHES, INC.

Principal Place of Business
1115 N. Federal Highway
Boynton Beach, FL 33435

Mailing Address
1115 N. Federal Highway
Boynton Beach, FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/27/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
65-0661077
Applied For
Not Applicable

5. Certificate of Status Desired ☒ $6.75 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
Woolley, Thomas J., Jr.
639 E. Ocean Avenue
Suite 408
Boynton Beach, FL 33435

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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, signature or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/S/T ☒ DELETE	1.1 TITLE	P/S/T/D ☒ Change ☐ Addition
NAME	DeLuca, Michael	1.2 NAME	DeLuca, Alfred T.
STREET ADDRESS	1115 No. Federal Highway	1.3 STREET ADDRESS	1115 No. Federal Highway
CITY-ST-ZIP	Boynton Beach, FL 33435	1.4 CITY-ST-ZIP	Boynton Beach, FL 33435
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	400002905864--
STREET ADDRESS		2.3 STREET ADDRESS	-06/15/99--01108--025
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****558.75 ****558.75
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: Alfred T. DeLuca 6-10-99 561-434-9994
SIGNATURE AND/OR PRINT NAME OF PRESIDENT OR OTHER OFFICER OR DIRECTOR Date Daytime Phone #
ALFRED T. DELUCA, Director