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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029827 (8)

WHITTEMORE PROPERTIES, INC.

FILED Jan 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 234-C BULLARD PARKWAY 234-C BULLARD PARKWAY **TEMPLE TERRACE FL 33617** TEMPLE TERRACE FL 33617 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1996 2. Principal Place of Business 2a. Mailing Address Applied For INVERNASS AVE 224 INVERNESS AVE. 226 26 59-3383185 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be TEMPLE TERRACE, FL Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible 361 LLG BOROV 6H LLSBOROWH 24 29 Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHITTEMORE, DONALD H 501 E. KENNEDY BLVD., STE. 1400 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** 83 84 City Zip Code 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 the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE WHITTEMORE, DOROTHY M 1.2 NAME NAME 226 INVERNESS AVE. STREET ADDRESS 1.3 STREET ADDRESS TEMPLE TERRACE FL 33617 1.4 City - St - ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change ■ Addition TITLE D WHITTEMORE, JAMES D NAME 2.2 NAME 226 INVERNESS AVE. STREET ADDRESS 2.3 STREET ADDRESS **TEMPLE TERRACE FL 33617** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition | TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE 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