

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

FILED

May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000034306 (6)

1. Corporation Name
THE FLORIDA MIST COMPANY, INC.



Principal Place of Business 1536 N.E. 15TH AVENUE FT. LAUDERDALE FL 33304	Mailing Address 1536 N.E. 15TH AVENUE FT. LAUDERDALE FL 33304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1839 GARFIELD ST. Suite, Apt. #, etc. 22 City & State 23 HOLLYWOOD FL Zip 24 33020		2a. Mailing Address 26 1839 GARFIELD ST Suite, Apt. #, etc. 27 City & State 28 HOLLYWOOD FL Zip 29 33020		3. Date Incorporated or Qualified 04/16/1996	
4. FEI Number 65-0658999		Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CLARK, CRAIG MICHAEL 1536 N.E. 15TH AVENUE FT. LAUDERDALE FL 33304		10. Name and Address of New Registered Agent 81 Name CATHERINE TREMBLAY 82 Street Address (P.O. Box Number is Not Acceptable) 1839 GARFIELD ST 83 City HOLLYWOOD FL 85 Zip Code 33020	
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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 *Catherine Tremblay* DATE **4-29-98**
Signature typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME CLARK, CRAIG STREET ADDRESS 1536 N.E. 15TH AVE. CITY-ST-ZIP FT. LAUDERDALE FL 33304 <input checked="" type="checkbox"/> DELETE		1.1 TITLE PRESIDENT 1.2 NAME TREMBLAY, CATHERINE 1.3 STREET ADDRESS 1839 GARFIELD ST 1.4 CITY-ST-ZIP HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME TREMBLAY, CATHERINE STREET ADDRESS 1539 GARFIELD STREET CITY-ST-ZIP HOLLYWOOD FL 33020 <input checked="" type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <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: *Craig Clark* **4-14-98** **954-929-8599**

CR2E034 (10/97)