FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** May 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1**9**9 : **DIVISION OF CORPORATIONS** DOCUMENT # P96000043662 (1) OYSTER CREEK REALTY, INC. Construction of the Constitution of the Consti Principal Place of Business Mailing Address 6500 ORIOLE BOULEVARD 6500 ORIOLE BOULEVARD ENGLEWOOD FL 34224 ENGLEWOOD FL 34224-8956 3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 40 VERNON GROUP Court 65-0670908 21 8407 GATEWAY Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 2600 DOUGLAS Rd # 803 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Country Žiρ 8. This corporation has liability for intangible tax under s. 199.032, V. S. A. 3313Y U.S.A 25 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ARSENAULT, KENNETH G JR 10225 ULMERTON ROAD #2 82 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 34641 83 84 City 85 Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition TITLE DELETE 1.1 TITLE SpORL Rich 8407 GATEWAY COUNT COON, FRANK D JR NAME 1.2 NAME 6500 ORIOLE BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS Englewood, Fl. 34224 **ENGLEWOOD FL 34224** CITY-ST-ZIP 1.4 CITY-ST-ZIP Спапое Addition DELETE DILE 2:100 2 2 HAME STREET ADDRESS 2.3 STREET ADDRESS 2 A CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3 4. CHTY - ST - ZIP DELETE Addition THE Change 4.1 TITLE MAME 4 2 NAME

14. I do hereby certify that the information supplied with this filling 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 path; 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.

4.3 STREET ADDRESS

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4.4 CITY - \$1 - ZIP

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SIGNATURE: Y

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