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PROFIT CORPORATION ANNUAL REPORT

FILED Mar 11 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998

DOCUMENT #

1. Corporation Name P96000071132 (0) THE ANCHORAGE OF MADEIRA, INC. Principal Place of Business Mailing Address 14090 GULF BLVD 14080 GULF BLVD MADEIRA BEACH FL 33708 MADEIRA BÉACH FL 33708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/23/1996 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 59-3399543 Not Applicable 21 26 Suite Apt #. etc. Suite, Apt #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Yes 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name KLINE, DANIEL L 14080 GULF BLVD Street Address (P.O. Box Number is Not Acceptable) MADEIRA BEACH FL 33708 83 84 City Zip Code 11. Pursuant to the provisions of Soctions 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 (NOT): Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE Change TITLE NAME KLINE, DANIEL L 1.2 NAME 14080 GULF BLVD STREET ADDRESS 1.3 STREET ADDRESS MADEIRA BCH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITEF 2.1 TITLE KLINE, JEANNE D NAME 2.2 NAME 14080 GULF BLVD 2 3 STREET ADDRESS STREET ADDRESS MADEIRA BCH FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2IP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST- ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-S1-ZIP 14. I hereby cortify 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 frue 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

attachment with an address

SIGNATURE:

Mon 3,1898 8/3/393-997