FILE NOW: FILING FEE AFTER MAY 1 IS ~~$550.00~~ 61.25

PROFIT CORPORATION ANNUAL REPORT

1997

Amended

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

FILED
97 JUL -8 PM 12:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000072738

1. Corporation Name
Menage A Trois Inc.

Principal Place of Business
812 East Hwy 98
Mexico Beach, FL 32410

Mailing Address

3. Date Incorporated or Qualified: 9-3-96
3a. Date of Last Report: 2-12-97

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

2a. Mailing Address 26 ~~Same as Above~~ P.O. Box 13954
Suite, Apt. #, etc. 27
City & State 28 Mexico Beach
Zip 29 Fl Country 30

4. FEI Number 59-3398724 Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Robert D. Hodge
P.O. Box 13954
Mexico Beach Fl 32410
90 US98 Mexico Beach, Fl 32410

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 Robert D. Hodge
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	President - Director	☐ DELETE
NAME	Robert D. Hodge	
STREET ADDRESS	P.O. Box 13954	
CITY-ST-ZIP	Mexico Beach, Fl 32410	
TITLE	90 US 98	☐ DELETE
NAME	Mexico Beach, Fl 32410	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	600002232566--2	☐ Change ☐ Addition
1.2 NAME	-07/08/97--01066--020	
1.3 STREET ADDRESS	*****61.25 *****61.25	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Robert D. Hodge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-97 Date 904-648-5443 Daytime Phone #