CAPITAL CONNECTION 850 222 1222 12/02 '98 10:14 NO.644 01/01

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

Amend

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 DEC -3 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-96-00073046

1. Corporation Name
SOUTHERN COMFORT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
107900 Overseas Hwy, Key Largo, Fl.33037	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08-27-1996

2. Principal Place of Business	2a. Mailing Address
21 107900 Overseas Hwy.	28 103200 Overseas Hwy.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Suite 7
23 City & State: Key Largo, Fl.	26 City & State: Key Largo, FL
24 Zip: 33037 25 Country: Monroe	29 Zip: 33037 30 Country: Monroe

4. FEI Number: 65-C860453 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Ronald R. Fieldstone 200 S. Biscayne Blvd.,Suite 2100 Miami, Fl.33131	81 Name: David George Hutchison 82 Street Address (P.O. Box Number is Not Acceptable): 103200 Overseas Hgwy. Suite 7 83 84 City: Key Largo FL 85 Zip Code: 33037

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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] David George Hutchison 11-2-1998
(Attach typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD Anne Pichler 107900 Overseas Hwy. Key Largo, Fl.33037 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Holger Schumacher 709 Cape Coral Pkwy. West Cape Coral, Fl.33914 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP.D Monika E.Farmar 709 Cape Coral Pkwy.West Cape Coral, Fl.33914 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD Monika Schumacher 709 Cape Coral Pkwy.West Cape Coral, Fl.33914 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S Monika Farmar 709 Cape Coral Pkwy. West Cape Coral, fl.33914 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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-12/04/98--01071--009
B. 12/3/98*****8.75 *****8.75

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: [signature] Holger Schumacher 11-2-1998 941-540-9434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #