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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000081154 (2)**

1. Corporation Name
CARIBBEAN AVENUE, INC.

Principal Place of Business	Mailing Address
1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308	1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308-7703

3. Date Incorporated or Qualified: 10/01/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 1801 Hermitage Blvd.
Suite, Apt. #, etc. 22	27 Suite 100
City & State 23	28 Tallahassee, FL
Zip 24 / Country 25	29 32308 / 30 US

4. FEI Number: 59-3402351 ☐ 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	10. Name and Address of New Registered Agent
SCHOW, HORACE II 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308	81 Name: David E. Todd 82 Street Address (P.O. Box Number is Not Acceptable): 1801 Hermitage Blvd, 83 Suite 100 84 City: Tallahassee FL 85 Zip Code: 32308

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: David E Todd — David E. Todd, Assistant General Counsel — 1-21-97
(Type or print 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	D BENNETT, DOUGLAS W 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, TODD A 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ 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	☐ Change ☒ Addition P Laler C. DeCosta 1150 Lake Hearn Dr., NE, Suite 400 Atlanta GA 30342-1522
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☒ Addition V John F. Faust One Bush St., Suite 1200 San Francisco, CA 94104
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 V/AS Luanne G. Brill 1801 Hermitage Blvd., Suite 100 Tallahassee, FL 32308
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 S Evelyn T. Harrington 1150 Lake Hearn Dr., NE, Suite 400 Atlanta GA 30342-1522

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: Douglas W. Bennett, Director — 2-3-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #