

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 22 1997 8:00am
 Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000082429 (7)
 1. Corporation Name
EDEN PROPERTIES, INC. OF F.W.B.



| | |
|--|--|
| Principal Place of Business 770 SUNDIAL COURT FT WALTON BEACH FL 32548 | Mailing Address 770 SUNDIAL COURT FT WALTON BEACH FL 32548 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-----------------|------------------------|-----------------|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/02/1996 | 3a. Date of Last Report |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 59-3403540 | Applied For Not Applicable |
| 24 Zip | 25 Country | 29 Zip | 30 Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
~~NABOZNY, EDWARD A~~
**770 SUNDIAL COURT
 FT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name DENISE K. AULL |
| 82 Street Address (P.O. Box Number is Not Acceptable) 770 SUNDIAL COURT |
| 83 |
| 84 City FT. WALTON BEACH |
| 85 Zip Code FL 32548 |

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 *Denise K. Aull* **PRES. U. PROS. ETC.** **Sept 16, 97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE D | NAME NABOZNY, EDWARD A | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS 37 DEAL AVENUE N.W. | CITY-ST-ZIP FT WALTON BEACH FL 32548 | |
| TITLE D | NAME AULL, DENISE K | <input type="checkbox"/> DELETE |
| STREET ADDRESS 37 DEAL AVENUE N.W. | CITY-ST-ZIP FT WALTON BEACH FL 32548 | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE |
| STREET ADDRESS | CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|--|
| 1.1 TITLE P.V. - T.S.D.C.M. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME AULL, DENISE K. | |
| 1.3 STREET ADDRESS 310 CASA GRANDE LN. | |
| 1.4 CITY-ST-ZIP SANTA ROSA BEACH, FL. 32578 | 459 |
| 2.1 TITLE T.R. 40% Stockholder | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME NABOZNY, EDWARD A. | |
| 2.3 STREET ADDRESS 37 DEAL AVE. N.W. | |
| 2.4 CITY-ST-ZIP FT. WALTON BEACH, FL 32548 | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 **DENISE K. AULL.**

SIGNATURE: *Denise K. Aull* **9/16/97 (850) 244-2534**

CR2E034 (4/97)