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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092397 (4)

PLANTATION ACQUISITION G						
Principal Place of Business	at Place of Business Mailing Address			i ingitens: 414 intin milit matti Antil Butti Antila ikili	e samo m tratili fibriti fibili conf	
1800 SECOND STREET SUITE 903 SARASOTA FL 34236	1800 SECOND STREET SUITE 903 SARASOTA FL 34236			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
0.0				11/08/1996		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	26			65-0720311	Not Applicable	
Suite, Apt. #, etc.	Suîte, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22	27			5. Certificate of Status Desired	Fee Required	
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	Zip 29	Coun	try	This corporation owes or has paid the curr Personal Property Tax due June 30.	ent year Intangible Yes \[\] No	
9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Registered A	gent	
FERGESON, JAMES O JR.		1	n Name			
1515 RINGLING BLVD.		-	Street Add	drage (D.O. Dev Nilseland) Nick Assessibility		
SUITE 1000		ľ	Street Add	dress (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34236		1	13			
		1	4 City	FI	85 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						
40	Signature, typed or printed name of registered agent and title if app		Registered Agent signature requi		DATE	
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 12
TITLE	D	DELETE	1,1 TITLE		Change	Addition
NAME	BROWN, THOMAS		1.2 NAME			
STREET ADDRESS	1800 SECOND STREET, SUITE 903		1.3 STREET ADDRESS			
CITY - ST - ZIP	SARASOTA FL 34236		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 YITLE		☐ Change	Addition
NAME	NELSON, JOHN W		2.2 NAME			
STREET ADDRESS	1800 SECOND STREET, SUITE 903		2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34236		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3,4, CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 is 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:

CITY-ST-ZIP

hu w Ach JOHN W. NELSON

1-19-9

941-954-8122

FILED

Jan 28 1998 8:00am

Secretary of State

32E034 (10/97)