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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000094621 (5)

FILED May 29 1998 8:00am Secretary of State

SUSAN A. BRANNAN, P.A. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/19/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 21 26 65-0707258 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country This corporation owes or has paid the current year intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Brannan, Susan A 8945 FISHERMANS BAY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34231 **B**3 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. SUSAN DELETE Change Addition TITLE 1.1 10118 BRANNAN. SÚSASN A SUSAN NAME 1.2 NAME 8945 FISHERMANS BAY DRIVE STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34231 1.4 DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZiP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE 40000254178# NAME 6.2 NAME -06/01/98--01021--018 6.3 STREET ADDRESS STREET ADDRESS ***150.00 6.4 CITY-ST-ZIP CITY-ST-ZIF

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 chapter 607.

Ner-

941-96608