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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095345 (0)

1570 CORP.

## FILED Apr 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 416 FLAMINGO AVENUE 416 FLAMINGO AVENUE STUART FL 34996 STUART FL 34996 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/21/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 29-7369798 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BAILEY, JAMES C Name 416 FLAMINGO AVENUE Street Address (P.O. Box Number is Not Acceptable) STUART FL 34998 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ■ DELETE Change Addition 1.1 TITLE TITLE BAILEY, JAMES C NAME 12 NAME CR2E034 3975 SW BIMIMI CIR STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP 1.4 CITY-ST-ZIP OELETE TITLE 2.1 TITLE BAILEY, CAROL A 2.2 NAME NAME 3975 S.W. BIMIMI CIRCLE STREET ADDRESS 2.3 STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY+ST-ZIP CITY-ST-ZIP DELETE THILE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 acculate and that my fignature 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 exculte 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:

4/8/98 (21) 288-0400