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

**PROFIT** CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

PEPE, PETER

PALM BAY FL 32905

Suite, Apt. #, etc

City & State

21

22

23

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000004121 (4)

PORT MALABAR COUNTRY CLUB, INC.

Country

9. Name and Address of Current Registered Agent

25

1300 COUNTRY CLUB DRIVE, N.E.

Principal Place of Business Mailing Address 1300 COUNTRY CLUB DRIVE, N.E. 1300 COUNTRY CLUB DRIVE, N.E. PALM BAY FL 32905 PALM BAY FL 32905

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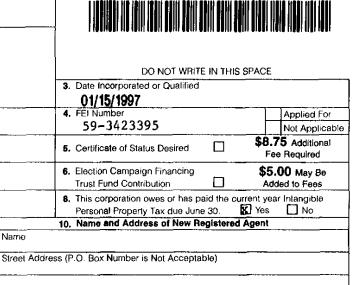
2a. Mailing Address

City & State

Ζıρ

Suite, Apt. #, etc.

## FILED Apr 17 1998 8:00am Secretary of State



3/31/98 407-720-6666

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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ■ DELETE Change Addition TITLE 1.1 TITLE President 1.2 NAME NAME Peter Pepe 854 Champion Dr. N.E. Palm Bay, FL 32905 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE Vice-President 2.1 TITLE NAME John Aiani STREET ADDRESS 1496 Septer Court 2.3 STREET ADDRESS CITY-ST-ZIP Palm Bay, FL 32905 2 4 CITY-S1-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 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

with an address

Country

81 Name

83 84

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