SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

PROFIT FLORIDA DEPARTMENT OF STATE ED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 JUL 24 AM 10: 38 1998 DIVISION OF CORPORATIONS **DOCUMENT #** P97000007894 (3) SECRETARY OF STATE TALLAHASSEE, FLORIDA SATURN OF ST. PETERSBURG, INC. Principal Place of Business Mailing Address 2339 GULP-TO-BAY GOULEYARD 2339 GULF-TO-BAY BOULEVARD CLEARWATER FL 04025 CLEARWATER FLX09628 33765 DO NOT WRITE IN THIS SPACE 6500 U.S. Hwy, 19 N. 3. Date Incorporated or Qualified Pinellas Park, FL 33781 01/27/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 59-3432099 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ARMSTRONG, E.D. 911 CHESTNUT STREET 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34616** 83 84 City Zip Code 85 Pursuant to the provisions of sections 607,0502 and 607,1508, Fiorida 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 5 TITLE 1.1 TITLE \_\_ DELETE Change Addition 600002600636---07/28/98--01073--006 NAME 1.2 NAME Lokey, Paul B. 1,3 STREET ADDRESS STREET ADDRESS 2339 Gulf-to-Bay Blvd. CITY-ST-ZIP 1.4 CITY-ST-ZIP \*\*\*1100.00 \*\*\*\*550.00 Clearwater, FL 33765 DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*\*26.25 \*\*\*\*\*8.75 CITY-ST-ZIP 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 51 TITLE DELETE 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 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 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 this 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 altachment with any address. 7-22-98 727-799-2151