FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 21 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000012007 (5) BEACH BUM'S INTERNATIONAL, INC. Principal Place of Business Mailing Address 16450 S TAMIAMI TRAIL 16450 S TAMIAMI TRAIL SUITE 3 SUITE 3 DO NOT WRITE IN THIS SPACE FT MYERS FL 33908 FT MYERS FL 33908 3. Date Incorporated or Qualified 02/05/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Dunes Da 26 17 871 Bermuda Suite, Apt. #, etc. 21/1987/ Bermuda Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Fort Myers 28 Fort Myens Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 339/2 Lec Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KENNEALLY, ROGER M 17871 BERMUDA DUNES DR 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33912 **B3** 84 Zip Code is of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered int, or both in the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered in, and applying a light of Section 607,0508, Florida Statutes. 11. Pursuant to the provision office or registered agent. I amytamiliar yill SIGNATURE 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE KENNEALLY, ROGER M NAME 1.2 NAME R2E034 17871 BERMUDA DUNES DR STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL 33912 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE NAME KENNEALLY, GWEN D 2.2 NAME 17871 BERMUDA DUNES DR STREET ADDRESS 2 3 STREET ADDRESS FT MYERS FL 33912 CITY-SI-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Charge Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE DELETÉ Change Addition

6.2 NAME

6.3 STREET ADDRESS 6.4 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 exportential 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 comoration or the receiver or truespe employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if granged in on an allignment of the receiver of truespectation of the comoration of the comoration

SIGNATURE: /

NAME

STREET ADDRESS