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

Jun 29 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of Sine **19**98 DOCUMENT # P97000015253 (2) BULLDOG MANAGEMENT, INC. Principal Place of Business Mailing Address 1010 CENTRAL AVE NAPLES FL 34102 1010 CENTRAL AVE NAPLES FL 34102 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing 28 Trust Fund Contribution 23 Country Country This corporation owes or has paid the ourrent/year Intangible Yes 24 29 Personal Property Tax due June 30 Name and Address of Current Registered Agent Name and Address of New Registered Agent STEWART, DEBORAH A 885 5TH AVE SOUTH 82 NAPLB9 FL 34102 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. directors. I hereby accept the appoin OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2 12. 13. DELETE TITLE 1.1 TITLE **THOMPSON, RICHARD G** NAME 1.2 NAME 1010 CENTRAL AVE STREET ADDRESS 1.3 STREET ADDRESS APLES FL 34102 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition TITLE 2.1 TITLE **Si**mpson, Neil 2.2 NAME NAME 1010 CENTRAL AVE STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 34102 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME CENTRAL AUC STREET ADDRESS 3.3 STREET ADDRESS NAPIES FL 34102 CITY-ST-ZIP 3.4. CITY-SY-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 3000025768**2** -07/01/98--01008--042 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** ***150.00 6.4 CITY-S1-ZIP CITY-ST-ZIP 14. I hereby certify that the indicated on this annual officer or director of the c 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 upplemental arguer (eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or the receiver or trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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