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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000020981 (1)

ROBERT H. DUCKWALL, P.A.

Mailing Address

FILED Apr 02 1998 8:00am Secretary of State

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Principal Place of Business 16450 FAIRWAY WOODS DRIVE 16450 FAIRWAY WOODS DRIVE LINIT ROS DO NOT WRITE IN THIS SPACE FORT MYERS FL 33908 FORT MYERS FL 33908 3. Date incorporated or Qualified 03/06/1997 2. Principal Place of Busines 2a. Mailing Address Applied For Plaza Lane 26 12601 World Plaza Lane 21 12601 Work 65-0733639 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Myers, Florida Florida FORT Myers Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 38907 UŚA 33967 USA 24 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DUCKWALL, ROBERT H Robert H. Duckwall 16450 FAIRWAY WOODS DRIVE Street Address (P.O. Box Number is Not Acceptable)
12601 World Plaza Lan 82 83 FORT MYERS FL 33908 Suita 2 11. Pursuant to the provisions of Soctions 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, and accept the obligations of, Section 607,0505. Florida Statutes. Robert H. Dockwall Work 38: 1448 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 TITLE DUCKWALL, ROBERT H 1.2 NAME Duck wall NAME De Unit 605 16450 FAIRWAY WOODS DR, UNIT 605 STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL 33908 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITS F 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 41 TITLE Change Addition 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 TITLE DELETE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 trusted 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 attachment with an address.

SIGNATURE:

441-939 - 98bo