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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 20 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700035179 (5)

CARPEDIEM VII. INC.

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address **82 VALENCIA STREET 62 VALENCIA STREET** ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/18/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PACETTI, DAVID F **62 VALENCIA STREET** Street Address (P.O. Box Number is Not Acceptable) ST AUGUSTINE FL 32084 83 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE PACETTI, DAVID F NAME 1.2 NAME **62 VALENCIA STREET** STREET ADDRESS 1.3 STREET ADDRESS **ST AUGUSTINE FL 32084** CITY - ST- ZIP 1.4 City - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE PACETTI, CHARLOTTE A NAME 2.2 NAME **62 VALENCIA STREET** STREET ADDRESS 2.3 STREET ADDRESS **ST AUGUSTINE FL 32084** 2. 4 CITY - ST- ZIP CITY-ST-ZIF DELETE ☐ Addition Change 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 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS 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 DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 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)(t). Florida Statutes. I further certify that the information indicated on this annual report or supplemental minutal 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 bestee 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 attactuned with an address.