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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000036096 (0) DOCUMENT #

VIKING BEACH INVESTMENTS, INC. Principal Place of Business Mailing Address 1320 S. DIXIE HIGHWAY 1320 S. DIXIE HIGHWAY **SUITE 1100** SUITE 1100 **CORAL GABLES FL 33146** CORAL GABLES FL 33146 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/21/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For (Z-0824 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 \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Zip Country Žφ Country 30 Personal Property Tax due June 30. ☐ Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ,ramer, alan h eso. **チェナシムり** 1326-S. DIXIE HIGHWAY 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 1180 CORAL GABLES FL 33148 83 Zip Code GAB LFS COLAL 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 appointment as registered statutes. FDWARD ٠ ک LOCASCIO SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE MERRILL, KEITH J NAME 1.2 NAME 1320 S. DIXIE HIGHWAY, SUITE 1100 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33146 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE **60 UKAD** 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS □ DELETE 2. 4 CITY - ST- ZIP City-ST-ZIP Addition Change TITLE 3.1 TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address. Block 12 or Block 13 if changed, or p

6.4 CITY - S1 - ZIP

2/16/SK

FILED

Apr 23 1998 8:00am

Secretary of State