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

PROFIT CORPORATION ANNUAL REPORT

1**9**98

2. Principal Place of Business

£.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000043438 (5)

COCOA BEACH GIFT & CONVENIENCE CORP.

Principal Place of Business Mailing Address

\$500 NORTH ATLANTIC AVENUE
COCOA BEACH FL 32831

S500 NORTH ATLANTIC AVENUE
COCOA BEACH FL 32831

2a. Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



26 Suite, Apt. #, etc Suite, Apt. #, etc. 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 Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATION SERVICE COMPANY 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 City Zip Code 85

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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE DOBSON, ROGER CR2E034 NAME 1.2 NAME **5500 NORTH ATLANTIC AVENUE** STREET ADDRESS 1.3 STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 2.1 TITLE NAME BJERNIENG, EUGENE K 2.2 NAME **\$5**00 NORTH ATLANTIC AVENUE STREET ADDRESS 2.3 STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE **RISLE, FRANCES S** 3.2 NAME NAME **5500 NORTH ATLANTIC AVENUE** STREET ADDRESS 3.3 STREET ADDRESS **COCOA BEACH FL 32931** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Addition TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4,4 CITY - ST - ZIP COY-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 Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 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 Block 12 or Block 13 if changed, or on in attachment with an address.

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