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PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-7IP

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FLORIDA DEPARTMENT OF STATE

FILED

May 22 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700045910 (1)

FOUNTAINHEAD REALTY, INC.

Mailing Address Principal Place of Business 3272 RIVER VILLA WAY 3272 RIVER VILLA WAY MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1997 Principal Place of Business 2a. Mailing Address 4. Applied For Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 В4 City Zip Code 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 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. Slonetow, typed or priored name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition PSTD DELETE 1.1 TITUE TITLE DONOVAN, DIANE 1.2 NAME NAME 3272 RIVER VILLA WAY 1.3 STREET ADDRESS STREET ADDRESS **Melbourn**e Beach FL 32951 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition Change DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP ■ Addition DELETE Change TITLE 6 1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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)(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 of trusted empowered to execute this report as required by Chapter 897, Florida statutes; and that my name appears in