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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P97000046689 (0) DOCUMENT #

PC 28B INVESTMENT CORP.

Mailing Address

## **FILED** May 07 1998 8:00am Secretary of State



Principal Place of Business 100 ANCHOR DRIVE 100 ANCHOR DRIVE **SUITE 485** SUITE 485 DO NOT WRITE IN THIS SPACE KEY LARGO FL 83036 KEY LARGO FL 33036 3. Date Incorporated or Qualified 05/23/1997 4. FEL Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name SPORT, WILLIAM A 100 ANCHOR DRIVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 485** 83 KEY LARGO FL 33036 84 Zio Code City 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** (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TITLE SPORT. WILLIAM A 1.2 NAME NAME 100 ANCHOR DRIVE, SUITE 485 1.3 STREET ADDRESS STREET ADDRESS **KEY LARGO FL 33036** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 22 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 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 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Channe Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREE1 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 on the receiver or trustee employeed 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 in an attachment with an address.

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