

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051672 (8)

1. Corporation Name

511 OLIVIA STREET INC.

Principal Place of Business

511 OLIVIA STREET
KEY WEST FL

Mailing Address

511 OLIVIA STREET
KEY WEST FL

2. Principal Place of Business

21 Suite, Apt. #, etc.

28. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent

RITSON, BRUCE
1622 JOHNSON ST.
KEY WEST FL 33040

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	[] DELETE	1.1 TITLE
NAME	MC MILLIN, KAY		1.2 NAME
STREET ADDRESS	1001 VON PHISTER ST.		1.3 STREET ADDRESS
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZIP
TITLE	ST	[] DELETE	2.1 TITLE
NAME	WALKER, JAMES		2.2 NAME
STREET ADDRESS	511 OLIVIA STREET		2.3 STREET ADDRESS
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP
TITLE		[] DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		[] DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		[] DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		[] DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

600002624236
-08/25/98--01017--024
***150.00

[] Change [] Addition

8/25/98
6/25

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 an attachment with an address.

SIGNATURE:

08/12/98

205/206, 5500

CR2E034 (5/98)

RITSON & COMPANY, P.A.

Financial Planning and Tax Matters
1622 Johnson Street
Key West FL 33040
305/294-7284
Phone or Fax

PL2

August 12, 1998

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314
1-850/487-6059

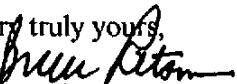
RE: 1998 Annual Report
511 Olivia Street Inc

Greetings:

Enclosed is a copy of the above-noted 1998 Annual Report which you have confirmed, was timely received but on an out-of-date form. I was told this afternoon that a current form was mailed to my client on or about May 13, 1998; my client has not received this correspondence.

On the advice of the Reinstatement Section, we are herewith submitting the 2nd Notice Annual Report Form we have just received, along with our replacement check #1760, in the original filing fee amount of \$150.00.

Thank you for your considerate and prompt assistance in this matter!

Very truly yours,

Bruce Ritson

cc: Kay McMillin
511 Olivia Street Inc

encls: Original AR dtd 04/30/98
Check# 1760
2nd Notice AR Form