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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700067911 (2)

FILED Apr 21 1998 8:00am Secretary of State

MAD DAWG'S HAWGS, INC. Principal Place of Business Mailing Address 731 NORTH SUNCOAST BLVD 731 NORTH SUNCOAST BLVD **CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34429** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/06/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3460691 669 NE 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 yty & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) R2 CORAL GABLES FL 33134 83 84 City 85 Zip Code 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulred when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME CRIPPEN, MICHAEL E 1.2 NAME CR2E034 731 NORTH SUNCOAST BLVD STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL 34429 1.4 CITY-ST-ZIP DELETE Change ___ Addition 2.1 TITLE TITLE NAME CRIPPEN, TERRY A 2.2 NAME 731 NORTH SUNCOAST BLVD 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CRYSTAL RIVER FL 34429 2. 4 CITY-ST-2IP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE 61 TITLE Addition TITLE NAME 6.2 NAME STREET ADDRESS 63 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 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 externment with an address.

SIGNATURE:

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4-16-98

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