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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072073 (4)

COLONIAL BAYFRONT, INC.

Principal Place of Business Mailing Address 11580 OAKHURST ROAD 11580 OAKHURST ROAD LARGO FL 34644 LARGO FL 34644 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1997 2a. Mailing Address 2. Principal Place of Business Applied For 4. FEI Number 59-3463319 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 30 Personal Property Tax due June 30. ✓ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUNT, NANCY W ESQ. **42 FIRST STREET SOUTHEAST** Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33701 83 84 Zip 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 Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. TITL F President ___ DELETE ☐ Change ☐ Addition

MARK W. TONG NAME 1.2 NAME 11580 Oakhurst Road STREET ADDRESS 1.3 STREET ADDRESS 33774 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ___ Change Addition TITLE 2.1 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET 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 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:

Mak WING: E RECMARKED: TONG, PAS.

1-13-98

(813)5956110

FILED

Jan 21 1998 8:00am

Secretary of State

CR2E034 (10/97