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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ,

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000078021 (7)

889 BUILDING CORP.

889 N WASHINGTON BLVD

SARASOTA FL 34236

Principal Place of Business Mailing Address 889 N WASHINGTON BLVD 889 N WASHINGTON BLVD SARASOTA FL 34236 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/08/1997 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Country 8. This corporation owes or has paid the corport year Intangible 24 25 29 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HODGES, JOHN M

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 registored 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.

83 R4 City

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

SIGNATURE Signature, typed or printed runne of trigistered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change ___ Addition HODGES, JOHN M NAME 1.2 NAME 8201 MIDNIGHT PASS RD STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP 1.4 City-St-ZiP TITLE DELETE 2.1 TITLE Change Addition NAME AVRUTIS, THOMAS L 2.2 NAME 1210 CORNISH CT STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP 2.4 CITY - ST - 7(P DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change ___ Addition 51 TITLE NAME 5.2 NAM8 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS

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 suppliemental annual report is true-plan 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 acceiver or trusped imported 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

SIGNATURE

CITY-ST-ZIP

Applied For

Fee Required

Added to Fees

Zip Code

□ No

Not Applicable

FILED

Apr 07 1998 8:00am

Secretary of State