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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000079096 (8)

FILED Mar 26 1998 8:00am Secretary of State

R.F. GREEN & ASSOCIATES INC. Principal Place of Business Mailing Address 2716 BURTON LN 2716 BURTON LN ORLANGO FL 32817 ORLANDO FL 32817 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/11/1997 Cipal Place A Business Beach Club Sont Condominium 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, elc. Ala Hwy Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 City & State \$5.00 May Be 6. Election Campaign Financing INDIAN HAPBOR BEACH Trust Fund Contribution Added to Fees Country B. This corporation owes or has paid the current year Intangible 32937 25 BREVARD 30 Personal Property Tax due June 30. Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GREEN, RAYMOND F 2716 BURTON LN 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32817 **B3** 84 City Zip Code s 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of office or registered agent agent. I am familiar with SIGNATURE Signature, typ arne of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. DELETE Change Addition TITLE 1.1 TITLE 1.2 NAME ', s, 🏲 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CfTY-ST-ZIP DELETE Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ACCRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

14. I hereby certify that the information supplied with the pling 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 supplementation of the corporation or the reverse 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 a practiment with an address.

1.100