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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 02 1998 8:00am Secretary of State

ST. JAMES PLACE, INC.	

Principal Place of Business Mailing Address 117 W. VENICE AVE. 117 W. VENICE AVE. VENICE FL 34285 VENICE FL 34285 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 09/15/1997 2. Principal Place of Business 2a. Mailing Address FEI Numbe Applied For Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Ζĭρ Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 30 Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KURVIN, STEPHEN H 7 S. LINE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34237 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 emporation's board of directors. I hereby accept the appointment as registered agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, lyped or printed name of registered agent and little it applicable INCLUE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change THE DELETE 1.1 TITLE BOSCH, MARCIAL V NAME. 1.2 NAME 37 ANNAPOLIS LN. STREET ADDRESS 13 STREET ADDRESS RONTONDA WEST FL 33947 1.4 CHY-81-ZIP CITY-ST-ZIE Addition DELETE Change 21 TILE TITLE BOSCH, MERCEDES NAME 37 ANNAPOLIS LN. STREET ADDRESS 23 STHEET ADDRESS RONTONDA WEST FL 33947 2 4 CiTY-ST-71P CITY - GT - ZiP Change Addition DELETE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME. STREET ADDRESS 4.3 STREFT ADDRESS 44 CITY-\$1-7IP CMY-ST-ZIP Addition DELETE __ Change TITLE 5.1 THEE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 City-St-ZIP CITY-SY-ZIP Addition DELETE Change 61 ITTLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City-St-ZiP CITY-ST-ZIF 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 turther 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 other 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: