FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000080978 (4)

FILED May 12 1998 8:00am Secretary of State

BALLAF	RD-CANNON DEVELOPMEN	IT CORPORATION			
Principal Place of Business Mailing Address 3847 INDIAN TRAIL DESTIN FL 32541 DESTIN FL 32541				DO NOT WRITE IN TH	
			·	 Date Incorporated or Qualified 09/18/1997 	
	lace of Business	2a. Mailing Address	10-	4. FEI Number	Applied For
Suite, Apt. #, etc.		26 PD 54 Suite Apt #, etc.	/3	59.3488003	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State 28 Specific	FL	6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Country	8. This corporation owes or has paid the	Added to Fees
24	25	29 32540	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERI AWYER CHARTERED 81 Name					
242 ALABEMA AVENIE					oN
CORAL GABLES FL 33134			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			63	2847 Indian Tra	iL
			94 63	***************************************	les Zin Codo
11 · Dursuant	to the provisions of Sections 607 05	02 and 607 1508 Florida Statut	the above period cov		
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 ag	port and title if applicable (NOT	t : Registered Agent s gnature redui	red when reinstaling) DA1	IE .
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME	BALLARD, A. BOWEN		1.2 NAME		☐ cital@ ☐ radition
STREET ADDRESS	3847 INDIAN TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST-ZIP		
TITLE	VSD CANNON, SHANE L	DELETE	2.1 TITLE		Change Addition
NAME Street address	3847 INDIAN TRAIL		2.2 NAME		
CITY-ST-ZIP	DESTIN FL 32541		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		:
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4 CITY-ST-ZiP 4.1 TITLE		Change Addition
NAME		C) prefit	4. 2 NAME		The cuartities The virial field in
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ļ
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE1 ADDRESS		
CITY-ST-ZIP	Take it a label to the second	20 44 61	6.4 CITY-ST-ZIP	0	27 19 -4 41 2 2 2
				Section 119.07(3)(i), Florida Statutes. I furthe	

4. I hereby certify that the information supplied with this filling 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 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.

MONATURE: Plan 7. Panel - Share L. CANNOT 4-29-98 800-654-59