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Jul 01 1998 8:00am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000107253

CUDJOE COVE DEVELOPMENT CORP.

Principal Place of Business: 719 SOUTH ST
KEY WEST, FL 33040

Mailing Address:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12-30-97

4. FEI Number: 650804662 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business: KEY WEST
21 Suite or Apt. #: APT 5
23 City & State: KEY WEST
24 Zip: 33040 25 County: USA

2a. Mailing Address: 719 SOUTH ST
26 Suite or Apt. #:
27 City & State: FL
28 Zip: 33040 29 County:

8. Name and Address of Current Registered Agent
WILLIAM B SPOTTSWOOD
500 FLEMING
KEY WEST FL
33040

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, 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 my position under Chapter 607, Florida Statutes.

MICHAEL VERELDUE 4-30-98
Signature of Registered Agent — Typed or Printed Name of Registered Agent — Date

12. OFFICERS AND DIRECTORS

DIRECTOR ☐ DELETE
MICHAEL VERELDUE
719 SOUTH ST
KEY WEST FL 33040

DIRECTOR ☐ DELETE
ROBERT ARKLEY N/A
PO BOX 69
WATERBURY VT 05676

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Add/Delete
☐ Change ☐ Add/Delete
☐ Change ☐ Add/Delete
☐ Change ☐ Add/Delete
☐ Change ☐ Add/Delete
☐ Change ☐ Add/Delete

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14. I hereby certify that the information indicated on this report or supplemental 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 Section 12 or 13 of this report, or on attached sheets, with my title.

SIGNATURE: MICHAEL VERELDUE 4-30-98 305-296-1517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E024 (1/97)