FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harry Secretary of State FILED SECRETARY OF STATE ANNUAL REPORT DIVISION OF CORPORATIONS 1999 DOCUMENT # \$98000058904 99 SEP 13 AH 10: 56 1. Corooration N: CONCH IS/AND, INC Principal Place of Business Mailing Address 2604 TITTON CT SAME OK/ANDO, F/ 32835 DO NOT WRITE IN THIS SPACE porated or Qualifed 3. Date Inco TU, 2. Principal Place of Buriness 21 13138 HIDDEN BEACH MAY A FEI Applied For 2a. Mailing Addres 26 2457A SNIAWASSEE 21 Not Applicable \$8.75 Additional PMB) 195 5. Certificate of Status Desired Fee Required 22 Cit 6. Election Campaign Financing \$5.00 May Be TERMONT, 28 Trust Fund Contribution 23 Added to Fees Country 8. This corporation owes the current year Intangible 25 USA 29 32835 Name and Address of Current Registered Agent USA 30 24 Personal Property Tax. 2 Yes 10. Name and Address of New Registered Agent AMERILAWYER 343 AlMERIA AVE CORAL GABLES, FL 33134 81 Name TAMES. EWEL 82 83 84 City FL 11. Pursuant to the provisions of Sections office or registered agant, or both line agent. I am familier with an accept of and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment is registered ons of, Section 307.6605, Florida Statutes. 07.0502 State o 69 SIGNATURE M(NOTE Registered Agent signature required when reinstating) CR2E004 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, DIRECTORS 13. DELETE ESIDENT Change Addition 1.1 TITLE TITLE EWER 1.2 NAME TAMES NAME 13138 HIDDEN BENCH NAY 1.3 STREET ADDRESS STREET ADDRESS *3*4711 1.4 CITY-ST-ZIP CLERMONT. FI CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE SECRETARY 2.2 NAME NAVE AMES ון הומין STREETADDRESS 2.3 STREET ADDRES NID 2.4 CITY-ST-ZIP CITY-ST-ZIP non - ntlescore DELETE Addition THE 31 DD F TREASULE 13138 H.DDEN BEARN WAY NAME 3.2 NAME 3.3 STREET ADDRESS STREFT ADDRES CELMONT CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIF 4.4 CITY-ST-ZIP DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE [] DELETE TITLE Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 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 further 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 officer or director of the corporation or the receiver or tracter and wavered 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 efficiency, with all other like empowered. $\boldsymbol{<}$ SIGNATURE: _ SIGNATURE AND TYPED OR PA OFFICER OR DIRECTOR

Conch Island, Inc

2457 A South Hiawassee Suite 195 Orlando, FL 32835 (407) 317-0152

September 7th, 1999

Mr Sean Toner Division of Corporation Annual Report Filing PO Box 6327 Tallahassee, FL 32314

Mr Toner,

Thank you for your letter dated August 23rd, 1999, which explains how our corporation needs to proceed in regards to filing the annual report. On or about April 15th, a call was placed to your office explaining that our company did not recieve the forms for filing the annual report. Due to the fact that our address changed, (please see enclosed report) we were informed by your office that upon receipt of the new forms, to file along with a letter explaining what transpired.

Thank you for helping us to resolve this matter

Singer

President Conch Island, Inc.