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

Feb 13 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # \$40553** (7) DONALD G. GUEST, INC. Mailing Address Principal Place of Business 516 ASPEN ROAD 516 ASPEN ROAD WEST PALM BEACH FL 33409-6202 WEST PALM BEACH FL 33409 3a. Date of Last Report 3. Date Incorporated or Qualified 03/26/1991 03/26/1996 Principal Place of Business 540 BEECH 2a. Mailing Address 4. FEI Number Applied For 540 BEECH 65-0244808 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, 33409 Yes No Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GUEST, DONALD G. 516 ASPEN ROAD 82 WEST PALM BEACH FL 33409 85 Zip Code 33409 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. Donald (NOTE: Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition ■ DELETE 1.1 TITLE TITUE GUEST, DONALD G. 1.2 NAME NAME 516 ASPEN ROAD 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST- ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY-ST-ZIP CITY-ST-ZIP 14. I do 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 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.

FILED