


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

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Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S84143 (4)

1. Corporation Name
HONEYMOON ISLAND DEVELOPMENT CO.

Principal Place of Business C/O AXEL R. JOHNSON 340 CAUSEWAY BLVD. S116 DUNEDIN FL 34698	Mailing Address C/O AXEL R. JOHNSON 340 CAUSEWAY BLVD. S116 DUNEDIN FL 34698
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/30/1991	Applied For Not Applicable
4. FEI Number 59-3099276	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 9 Forbes Place Suite, Apt. #, etc. 22 Apt. 811 City & State 23 Dunedin, Florida Zip 24 34698 Country 25 U.S.A.	2a. Mailing Address 26 9 Forbes Place Suite, Apt. #, etc. 27 Apt. 811 City & State 28 Dunedin, Florida Zip 29 34698 Country 30 USA
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9. Name and Address of Current Registered Agent JOHNSON, AXEL R 340 CAUSEWAY BLVD #116 DUNEDIN FL 34698	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JOHNSON, AXEL R. 340 CAUSEWAY BLVD, S116 DUNEDIN FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP LARSON, MELINDA 8500 144TH LN N SEMINOLE FL 34646	2.1 TITLE	VP
NAME		2.2 NAME	LARSON, Melinda
STREET ADDRESS		2.3 STREET ADDRESS	5150 PARK PLACE Apt. 308
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Dunedin, Florida 34698
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: Axel R. Johnson 1-23-98 (813) 734-0991

CR2E034 (10/97)