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

PROFIT

SIGNATURE:

Apr 20 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # AMIGOS III, INC. Principal Place of Business Mailing Address 494 SEMORAN BLVD WINTER PARK FL 32716 120 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1992 2. Principal Place of Business 2a. Mailing Address Applied For 59-3136473 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zıp Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HYLTIN, ANDREW A. 120 NORTH WESTMONTE DRIVE Street Address (P.O. Box Number is Not Acceptable) ALTAMONTE SPRINGS FL 32714 63 Zip Code 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 Stoculure, typnic or printed name of registering agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change 1.1 TITLE TITLE HYLTIN, ANDREW A. NAME 1.2 NAME CR2E034 120 NORTH WESTMONTE DR. 13 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRNGS FL CITY-ST-ZIP 1.4 CITY - ST - ZiP DELETE Addition Change TITLE 21 TITLE BYRNES, HUGH J. NAME 2.2 NAME 120 NORTH WESTMONTE DR. STREET ADDRESS 2.3 STAFET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Спалое Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITE F 51 TITLE NAME 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 6 1 TITLE NAME 62 NAME STREET ADDRESS 63 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

FLORIDA DEPARTMENT OF STATE

FILED

4078698008

1-2798