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

FLORIDA DEPARTMENT OF STATE

PROFIT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** 524326 (6)MIDNIGHT PASS, INC. Principal Place of Business Mailing Address C/O HOWARD BAEL C/O HOWARD BAEL. 9397 MIDNIGHT PASS RD. APT 704 SARASOTA FL 34242 19397 MIDNIGHT PASS RD. APT 704 DO NOT WRITE IN THIS SPACE SARASOTA FL 34242 3. Date Incorporated or Qualified 01/24/1977 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-1790020 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BAEL, HOWARD 9397 MIDNIGHT PASS RD., APT 704 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34242 83 84 City 85 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 Friorida. 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 pentert name of registered agent and this diapole able (NOTE Brigistered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE BAEL, HOWARD NAME 1.2 NAME 9397 MIDNIGHT PASS RD, APT 704 STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY - ST - ZIP 1.4 CITY - ST - ZIP Addition DELETE Change THILE 2.1 TITLE BAEL, MICHAEL 22 NAME **562 TENTH ST** STREET ADDRESS 2.3 STREET ADDRESS **BROOKLYN NY** DITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Addition Channe TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE Addition TITLE 6.1 TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 specieser or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 if hanged, or on an electiment with an address

FILED

May 15 1998 8:00am

(94) 349-160p