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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000054332 (9)

| A1A AI | LE HOUSE, INC. | | | | | | 7136 ajara aja ra 1 | |
|---|---|---------------------|--------------|--------------------------------|--------------------|---|-----------------------------------|-----------------------------|
| Principal Place of Business Mailing Address | | | | | | | | |
| 1 KING STREET 1 KING STREET ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 | | | | | | DO NOT WRITE IN THIS | S SPACE | |
| | | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | | 07/21/1994 | | |
| _ | Place of Business | 2a. Mailing Address | n | | | 4. FEI Number | | pplied For |
| 21 | | | | | | 59-3259534 | | ot Applicable |
| Suite, Apt | · | Suite, Apt. #, etc. | 1 | | | 5. Certificate of Status Desired | | Additional equired |
| City & State City & State | | | e | | | 6. Election Campaign Financing Trust Fund Contribution | | May Be to Fees |
| Zip | Country 25 | Zip | Zip Count | | | This corporation owes or has paid the c Personal Property Tax due June 30. | | tangible |
| 9. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered | Agent | |
| EAKIN, PAUL M | | | | | Name | | | |
| 599 ATLANTIC BLVD. STE. 4 | | | | 82 | Stroot Addr | ress (P.O. Box Number is Not Acceptable) | | |
| ATLANTIC BEACH FL 32233 | | | | 62 | Street Addi | ess (1.0. box Number is Not Acceptable) | | |
| 1112 41110 00 101110 02200 | | | | 83 | | | | |
| 1 | | | | 84 | City | | los 7in | Code |
| | | | | 64 | City | Fi | 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 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. | | | | | | | | ts registered registered |
| SIGNATURE | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere | | | | | t signature requir | | D DIDEOTO | |
| 12. | | | 13. 1.1 I | 17) C | | ADDITIONS/CHANGES TO OFFICERS AN | Change | Addition |
| NAME | | | | | | | Onlings | |
| STREET ADORESS | 1 | | | 1.2 NAME 1.3 STREET ADDRESS | | | | |
| AT MICHOPOLICE DE AAAA 4 | | | | | | | | |
| CITY - ST - ZIP | STD DELETE | | | 1.4 CITY-ST-ZIP 2.1 TITLE | | | Change | Addition |
| NAME | 0.0 | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | 2. 4 CITY-ST-ZIP | | | | ļ |
| TITLE | | | 3.1 Ti | | - 411 | | Change | Addition |
| NAME | _ 1 | | 3.2 N | | Ì | | |] |
| STREET ADDRESS | | | | | DDRESS | | | İ |

CITY-ST-ZIP 14. I hereby certify that the information sopplied 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 this 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 for or any attrachment with an address.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

DELETE

DELETE

DELETE

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

CITY-ST-ZIP

TITLE

Change

Change

Change

Addition

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Addition

FILED

Jan 29 1998 8:00am

Secretary of State