

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

FILED
Mar 18 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 # V40294 (3)
 1. Corporation Name
A TO Z PROPERTIES, INC.



Principal Place of Business 4521 SW BIMINI CIRCLE PALM CITY FL 34990	Mailing Address 4521 SW BIMINI CIRCLE N PALM CITY FL 34990
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	4521 SW BIMINI CIRCLE N
22 City & State	27 City & State
	PALM CITY, FL
24 Zip	29 Zip
	34990
25 Country	30 Country
	U.S.A.

3. Date Incorporated or Qualified 06/01/1992	Applied For
4. FEI Number 65-0361925	Not Applicable
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
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ZLINKOFF, ESTHER
4521 SW BIMINI CIR
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VDSC	<input type="checkbox"/> DELETE
NAME	ZLINKOFF, NORMAN	
STREET ADDRESS	4521 S.W. BIMINI CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ZLINKOFF, ESTHER	
STREET ADDRESS	4521 S.W. BIMINI CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VDSC	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ZLINKOFF, NORMAN	
1.3 STREET ADDRESS	4521 SW BIMINI CIRCLE N.	
1.4 CITY-ST-ZIP	PALM CITY, FL. 34990	
2.1 TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ZLINKOFF, ESTHER	
2.3 STREET ADDRESS	4521 S.W. BIMINI CIRCLE N.	
2.4 CITY-ST-ZIP	PALM CITY, FL. 34990	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Esther Zlinkoff PRESIDENT 2/20/98 561-286-1449

CR2E034 (10/97)