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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736826 (9)
1. Corporation Name

KANAPAH MAINTENANCE, INC.

Principal Place of Business	Mailing Address
5745 SW 75 ST SUITE 126 GAINESVILLE, FL 32608	5745 SW 75 ST SUITE 126 GAINESVILLE, FL 32608

3. Date Incorporated or Qualified 9/16/1976	Applied For Not Applicable
4. FEI Number 59-1729409	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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	

9. Name and Address of Current Registered Agent

SUSAN RICHARDS
5745 SW 75 ST SUITE 126
GAINESVILLE, FL 32608

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Susan Richards DATE 2-23-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	D
NAME	LARRY DOBSON	1.2 NAME	RONALD WILL
STREET ADDRESS	7012 SW 97 LANE	1.3 STREET ADDRESS	7011 SW 97 LANE
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	D	2.1 TITLE	D
NAME	TRACEY LOVITZ	2.2 NAME	EMIL HECKER
STREET ADDRESS	9316 SW 67 DR	2.3 STREET ADDRESS	10118 SW 67 DR
CITY-ST-ZIP	GAINESVILLE FL 32608	2.4 CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	DS	3.1 TITLE	
NAME	SUSAN RICHARDS	3.2 NAME	
STREET ADDRESS	9603 SW 75 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	
NAME	BOB TOLMACH	4.2 NAME	
STREET ADDRESS	10011 SW 67 DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME	EMIL HECKER	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DVP	6.1 TITLE	
NAME	CHARLIE PALMER	6.2 NAME	
STREET ADDRESS	1011 SW 67 DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Richards SUSAN RICHARDS 2-23-98 352-3874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)