


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

FILED  
May 13 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 # 137143 (4)  
1. Corporation Name  
CIVIC INVESTMENTS, INC.

Principal Place of Business  
114 HARRISON STREET  
COCOA FL 32922

Mailing Address  
P. O. DRAWER 250  
COCOA FL 32923-0250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1939	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 59-6059272	Applied For Not Applicable
22 City & State	28	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Added to Fee
8. This corporation owes or has paid the current year Intang Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> N					

b. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHEPARD, WALTER C JR 114 HARRISON STREET COCOA FL 32922		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip	

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 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1.1 TITLE	
NAME	SHEPARD, JR. WALTER C.	1.2 NAME	
STREET ADDRESS	114 HARRISON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	DEES, DEBORAH K	2.2 NAME	
STREET ADDRESS	114 HARRISON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	CROWE, ZORA M	3.2 NAME	
STREET ADDRESS	114 HARRISON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Walter C. Shepard, Jr. 5/1/98 407-636-7711