

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 253109

1. Corporation Name
ALLAPATTAH OPERATING COMPANY

Principal Place of Business Mailing Address
9425 CARLTON ROAD 9425 CARLTON ROAD
FORT PIERCE FL 34988 FORT PIERCE FL 34988



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
11/15/1961
 4. FEI Number Applied For
59-0997090 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SHEMBARGER, RICK
9425 CARLTON RD.
FORT PIERCE FL 34988

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P KERR, ROBERT	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HWY. 17 & HWY. 92	12 NAME	
STREET ADDRESS	DAVENPORT FL	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	V O'LEARY, DAN	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	725 PENINSULAR PL	22 NAME	
STREET ADDRESS	JACKSONVILLE FL 32203	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	ST WILLIAMS, STEVEN L.	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	205 SW 1ST STREET	32 NAME	
STREET ADDRESS	BELLE GLADE FL	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	AS DRISCOLL, PAUL	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2906 GROVE DR	42 NAME	
STREET ADDRESS	FT. PIERCE FL 34981	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	D LEE, GARY	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	515 BRYAN ST	52 NAME	
STREET ADDRESS	KISSIMMEE FL 32741	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, with all other like empowered.

SIGNATURE: Date: **2/8/99** 561-461-6679
 DAYTIME PHONE #

CR2E034 (1/98)