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Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90024 001 *1,472.50

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 300945

1. Corporation Name
DELTONA CORPORATION REALTY COMPANY

Principal Place of Business 999 BRICKELL AVENUE SUITE 700 MIAMI FL 33131 US	Mailing Address 999 BRICKELL AVENUE SUITE 700 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8014 SW 135th Street RD Suite, Apt. #, etc. 22 City & State 23 Ocala, FL Zip Country 24 34473 25 USA		2a. Mailing Address 26 8014 SW 135th Street Road Suite, Apt. #, etc. 27 City & State 28 Ocala, FL Zip Country 29 34473 30 USA		3. Date Incorporated or Qualified 01/18/1966	
		4. FEI Number 59-1115358		Applied For 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	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent HUMMERHIELM, SHARON J 999 BRICKELL AVENUE SUITE 700 MIAMI FL 33131			10. Name and Address of New Registered Agent 81 Name Beth Smith 82 Street Address (P.O. Box Number is Not Acceptable) 8014 SW 135th Street Road 83 84 City Ocala, FL 85 Zip Code 34473		

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 *Beth Smith* Beth Smith, Corporate Secretary 2/19/99
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CORTRIGHT, EARLE D JR 999 BRICKELL AVE STE 700 MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Antony Gram 8014 SW 135th Street Road Ocala, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARUNSKI, ROBERT 999 BRICKELL AVE STE 700 MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP & Broker of Record <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert W. Arunski 8014 SW 135th Street Road Ocala, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUMMERHIELM, SHARON J 999 BRICKELL AVE STE 700 MIAMI FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Donald O. McNelley 8014 SW 135th Street Road Ocala, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARDEN, DAVID M 999 BRICKELL AVE SUITE 700 MIAMI FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Corporate Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Beth Smith 8014 SW 135th Street Road Ocala, FL 34473
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Beth Smith* **REQUIRED** 2/19/99 352-307-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Beth Smith, Corporate Secretary

CR2E034 (11/98)