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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23 1998 8:00am Secretary of State

	MENT # on Name RITY PROPER	347938 RTIES INC	}	(3)							
Principal Place of Business Mailing Address									H BHBH BHBH B		
8909 BEACH BLVD. LEISURE BEACH HUDSON FL 34867			6909 BEACH LEISURE BE	6909 BEACH BLVD. LEISURE BEACH HUDSON FL 34867				DO NOT WRITE IN THIS SPACE			
•								3. Date Incorporated or Qualified			
								06/15/1969			
	2. Principal Place of Business			2a. Mailing Address				4. FEI Number			plied For
Suite, Apt. #, etc.			26 Suite Ani	Suite, Apt. #, etc.				59-1293931			t Applicable
22]			—	27				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State			 	City & State				6. Election Campaign Financing		\$5.00	·
23			28	28				Trust Fund Contribution		Added t	
Zip		Country	Zip		Country			8. This corporation owes or has pa	id the curre		
24	25 29 9. Name and Address of Current Registered Agent				30 F			Personal Property Tax due June 30. Yes No			
		Registered Age	81			10. Name and Address of New Re	gistered A	gent			
safranek,allan g						Name					
7000 U.S. HIGHWAY 19 NORTH					62	Street	Addres	s (P.O. Box Number is Not Acceptat	ole)		
NEW PORT RICHEY FL 34652											
					83						
					84	City				85 Zip (Code
44. Directions to the provisions of Continue CO7 0500 and CO7 0500 Ft.									<u>FL</u>		
office or r agent. I a	regi ste red agent, am familiar with, a	or both, in the State on accept the obligat	and 607 1508, Fi If Florida. Such ch ions of, Section 6	nange was a 07.05 0 5, Flo	es, the above juthorized by rida Statutes	-named the corp	corpor	ation submits this statement for the parties board of directors. I hereby accept	ot the appoi	hanging its ntment as	s registered registered
SIGNATURE											
12.	Signature, typed or pri	nled name of registered agont OFFICERS AND		(NOTE	: Registered Ager	nt algnature	required		DATE	UDEOTO D	
TITLE	PD	OTTICETO AND	DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	SAFRANEK,	ALLAN G			1.2 NAME				_	_ Onlings	L. Audilion
STREET ADDRESS		ADAMS STREET			1.3 STREET	ADDRESS					
CITY-ST-ZIP	NEW PORT				1.4 CITY-ST						
TITLE	S		K)	DELETE	2.1 TITLE	-20	S		,	Change	Addition
NAME	PIPER, VIRG	INIA W			2.2 NAME		SMI	ITH, JENNIFER M.	_		
STREET ADDRESS	6909 BCH B				2.3 STREET A	ADDRESS		9 BEACH BLVD			
CITY-ST-ZIP	HUDSON FL	•			2. 4 CITY-S	1		OSON. FL 34667			
TITLE '	T			DELETE	3.1 TITLE					Change	Addition
NAME	PAXTON, JA				3.2 NAME	-					-
STREET ADDRESS	6909 BEACH			3.3		NDDRESS					i
CITY-ST-ZIP	HUDSON FL				3.4. CITY-ST	- ZIP					
TITLE				DELETE	4.1 TeTLE				T	Change	Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREET A	ODRESS					
CITY-ST-ZIP	-			S.C. 535	4.4 CITY-ST	- ZIP			····		
TITLE				DELETE	5.1 TITLE				L	Change	☐ Addition
NAME					52 NAME						
STREET ADDRESS					5.3 STREET A	1					
CITY-ST-ZIP TITLE				DELETE	5.4 CITY-ST	-ZIP				1 04	A 44.4032
NAME				DECE IÉ	6.1 TITLE				L] Change	☐ Addition
STREET ADDRESS					6.2 NAME	DODE OF					
					6.3 STREET A	- 1					1
CITY-ST-ZIP	ertify that the info	rmation equalical with	this filips does n	ot avality for	6.4 CITY-ST		4:505	otion 110 07(3)(i) Etarida Statutas Li			

The boy beauty 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.