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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # 37830 F PROPERTIES, INC.	9 (9)			ARRI DEDIK BIDIN TIDIK DIDIK DIDIK 1884
Principal Place	e of Business	Mailing Address			TLOSI ESDÍT ETERE OTDIT OLDIT DIOST LAGI
P.O. BOX 960 P.O. BOX 96		P.O. BOX 960 ST. PETERSBURG FL 33 US	731-0960	DO NOT WRITE I	N THIS SPACE
				03/08/1971	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21 26 26 26 26 26 26 26 26 26 26 26 26 26		Suite, Apt. #, etc.		59-1378964	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30	This corporation owes or has paid Personal Property Tax due June 3	
	g. Name and Address of Curre			10. Name and Address of New Reg	Istered Agent
RAH	IDERT, GEORGE K		81 Name		
535 CENTRAL AVE ST. PETERSBURG FL 33701			82 Street Add	ress (P.O. Box Number is Not Acceptable	3)
0 1.	rejenobona i c 3070 i		83		
			84 City		FL 85 Zip Code
office or re	to the provisions of Sections 607.03 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was	authorized by the corporal	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	onst and their apply able (NC)	1f · Registered Agent signature requi	red when reinstating)	DATE
12.			13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	R AHDERT, GEORGE K.		1.2 NAME		
STREET ADDRESS	535 CENTRAL AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	\$T. PETERSBURG FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 THTLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE		ביין מכנבונ	3.1 TITLE		Change Z Radinon
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		_ , _
STREET ADDRESS			4.3 STREET ADDRESS		:
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ D É LETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			■		

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 change it in an address.

813/823-4191

FILED

May 13 1998 8:00am

Secretary of State