

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

FILED
Apr 14 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 # 415207 (0)
1. Corporation Name
I.H.O.P. 36-43, INC.

Principal Place of Business
2204 SOUTH ATLANTIC AVE.
DAYTONA BEACH FL 32118

Mailing Address
2204 SOUTH ATLANTIC AVE.
DAYTONA BEACH FL 32118

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 427 N ATLANTIC AVE		26 427 N ATLANTIC AVE		12/21/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1423100	
City & State		City & State		Applied For	
23 DAYTONA BEACH, FL		28 DAYTONA BEACH, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32118		29 32118		30	
Country		Country		6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				8. Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STUDNER, SCOTT		81 Name	
2204 S ATLANTIC AVE. 427 N ATLANTIC AVE		82 Street Address (P.O. Box Number is Not Acceptable)	
DAYTONA BEACH SHORES FL 32118		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	PD	1.1 TITLE	
NAME	WATSON, RITA	1.2 NAME	
STREET ADDRESS	2 HIGHLAND OAKS TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	STUDNER, SCOTT	2.2 NAME	
STREET ADDRESS	2 HIGHLAND OAKS TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Scott Studner

4-6-98 904-252-8319

CR2E034 (10/97)