

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

FILED

Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 417967 (7)

1. Corporation Name
MANN-TARCAI REALTY, INC.

Principal Place of Business 101 W CYPRESS STREET PO BOX 421047 KISSIMMEE FL 34742	Mailing Address 101 W CYPRESS STREET PO BOX 421047 KISSIMMEE FL 34742
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 101 W. CYPRESS ST. Suite, Apt. #, etc. 22 SUITE N City & State 23 Kissimmee FL. Zip 24 34741		2a. Mailing Address 26 1660 NEPTUNE RD. Suite, Apt. #, etc. 27 KISSIMMEE City & State 28 FL. Zip 29 34744		3. Date Incorporated or Qualified 02/01/1973		4. FEI Number 59-1563933		Applied For Not Applicable	
Country 25 OSCEOLA		Country 30 OSCEOLA		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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TARCAI, NELDA V. 101 W CYPRESS ST KISSIMMEE FL 32741				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
---	--	--	--	--	--	--	--

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 TARCAI, NELDA V. 101 W. CYPRESS ST. KISSIMMEE FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	D TARCAI, LOUIS E. 101 W. CYPRESS ST. KISSIMMEE FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	DS TARCAI, LOUIS A. 101 W. CYPRESS ST. KISSIMMEE FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	T TARCAI, LOUIS A. 101 W. CYPRESS ST. KISSIMMEE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	V TARCAI, HUGH A. 101 W. CYPRESS ST. KISSIMMEE FL	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: Nelda V. Tarcai

Feb. 4, 1998

4407-846-8800

CR2E034 (10/97)