

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

FILED
Feb 27 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 # 485272 (9)
1. Corporation Name
IMPERIAL VILLAGE SERVICES, INC.



Principal Place of Business 1746 U S HIGHWAY 441 EAST P.O. BOX 895008 LEESBURG FL 34789-5008 US	Mailing Address 1746 U S HIGHWAY 441 EAST P.O. BOX 895008 LEESBURG FL 34789-5008 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 32124 Kinne Pearce Road Suite, Apt. #, etc. 22		2a. Mailing Address 26 32124 Kinne Pearce Road Suite, Apt. #, etc. 27		4. FEI Number 59-1622404 Applied For Not Applicable	
City & State 23 Leesburg, FL Zip 24 34788 Country 25 US		City & State 28 Leesburg, FL Zip 29 34788 Country 30 US		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 MCLEOD JR, JOHN D. 1746 U. S. HWY 441 EAST P.O. BOX 895008 LEESBURG FL 34789				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 32124 Kinne Pearce Road 83 84 City Leesburg 85 Zip Code 34788	
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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 _____ (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	DP MCLEOD, JOHN D 1746 US HWY 441, EAST LEESBURG, FL 00000 <input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32124 Kinne Pearce Road Leesburg, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCLEOD, SHERRY S 1746 US HWY 441, EAST LEESBURG, FL 00000 <input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DST 32124 Kinne Pearce Road Leesburg, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, J PATRICK 33231 FAIRWAY ROAD LEESBURG FL <input checked="" type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 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.

SIGNATURE:  JOHN D. MCLEOD PRES 2/23/98 352-343-4000

CR2E034 (10/97)