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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # 496351 PROPERTIES, INC.	(8)			
Principal Plac	e of Business	Mailing Address		- I INDIE DIRIO INITO TINO INITO INI	SOS BION OFON CION DION ISON
WIRT'S POINT WIRT'S POINT					
BABSON PARK FL 33827 BABSON PARK FL 33827				DO NOT WRITE IN TH	IS SPACE
,				3. Date Incorporated or Qualified	10 011102
				02/10/1976	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21			59-1656544	Not Applicable	
Suite, Apt. #, etc. 22 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State		······	6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New Registere	d Agent
Omitty to the					
1722 SEMINOLE RD.			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
BABSON PARK FL 33827			63		
			84 City	F	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 Ftorida. 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					
12.	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered Agent signature require 13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TITUE	ADDITIONS/CHANGES TO OFFICENS A	Change Addition
NAME	SMITH, NANCY W		1.2 NAME		
STREET ADDRESS	1722 SEMINOLE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BABSON PARK, FL 33827		1.4 CITY - ST - ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		Change Addition
NAME	FIELDS, JEANETTE		2.2 NAME		
STREET ADDRESS	7347 E APPLEWOOD DRIVE INVERNESS, FL 00000		2.3 STREET ADDRESS	* ·	
CITY+ST+ZIP TITLE	VD INVERINESS, PL 00000	☐ DEL ETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
	, FIELDS, DAVID A.	LI PULEIG	3.1 TILE 3.2 NAME		The Charles The Manifold
STREET ADDRESS	7647 APPLEWOOD DR.		3.3 STREET ADDRESS 7	347	
CITY-ST-ZIP	INVERNESS FL		3.4. CITY-ST-ZIP	<i>3 , 1</i>	
TITLE	SD	☐ DELETE	4.1 TITLE		Change Addition
NAME	SMITH, JAMES N		4. 2 NAME		
STREET ADDRESS	1722 SEMINOLE RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BABSON PARK FL		4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		C. Peters	62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			6.4 City-St-Zip		
	ertify that the information supplied with	this filing does not qualify to		Section 119.07(3)(i). Florida Statutes, I further	certify that the information

indicated on this annual report or supplied with this limit does not qualify for the exerciption stated in Section 1.19.07(3)(), ribidia statutes. Intriner certify that the informatic indicated on this annual report or suppliemental 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.