

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

FILED

Feb 13 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 # 581368 (8)
1. Corporation Name
ZELLER PROPERTIES, INC.

Principal Place of Business 108 S LAKE FLORENCE DR. P.O. BOX 919 WINTER HAVEN FL 33882-7919	Mailing Address 108 S LAKE FLORENCE DR. P.O. BOX 919 WINTER HAVEN FL 33882-7919
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 135 Woden Way Suite, Apt. #, etc. 22 P.O. Box 919 City & State 23 Winter Haven FL Zip 24 33882 Country 25 USA		2a. Mailing Address 26 135 Woden Way Suite, Apt. #, etc. 27 P.O. Box 919 City & State 28 Winter Haven FL Zip 29 33882 Country 30 USA		3. Date Incorporated or Qualified 08/01/1978	4. FEI Number 59-1836533 Applied For Not Applicable	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	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent ZELLER, FRANK, JR. 108 S LAKE FLORENCE DRIVE WINTER HAVEN FL 33884		10. Name and Address of New Registered Agent 81 Name Zeller, Frank Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 135 Woden Way 83 84 City Winter Haven FL 85 Zip Code 33884	
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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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELLER, FRANK, JR.	1.2 NAME	
STREET ADDRESS	108 LAKE FLORENCE DR S	1.3 STREET ADDRESS	135 Woden Way
CITY - ST - ZIP	WINTER HAVEN FL	1.4 CITY - ST - ZIP	Winter Haven, FL 33884
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELLER, SHIRLEY	2.2 NAME	
STREET ADDRESS	108 LAKE FLORENCE DR S	2.3 STREET ADDRESS	135 Woden Way
CITY - ST - ZIP	WINTER HAVEN FL	2.4 CITY - ST - ZIP	Winter Haven FL 33884
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Feb 10, 98 941 324 4875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone * 0416154

CP2E034 (10/97)