

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700976 (4)
1. Corporation Name
HOLY TRINITY PROPERTIES, INC.



Principal Place of Business		Mailing Address	
211 TRINITY PLACE WEST PALM BEACH FL 33401 US		C/O TIMOTHY D. BROWN 6707 PAMELA LANE WEST PALM BEACH FL 33405 US	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	28 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 05/18/1960	
4. FEI Number 59-0766983	Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BROWN, TIMOTHY D. 6707 PAMELA LANE WEST PALM BEACH FL 33401-3475				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PD
NAME	LIBERTI, RAY	1.2 NAME	Rogers, S. Emory
STREET ADDRESS	6810 HAMMOCK LANE	1.3 STREET ADDRESS	815 Russlyn Dr.
CITY-ST-ZIP	WEST PALM BCH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE	DS	2.1 TITLE	DS
NAME	ROGERS, S. EMORY	2.2 NAME	Blount, D G
STREET ADDRESS	215 RUSSLYN DRIVE	2.3 STREET ADDRESS	1018 Shady Lakes Circle
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	Palm Beach Gardens, Fla. 33418
TITLE	D	3.1 TITLE	
NAME	LIBERTI, RAY	3.2 NAME	
STREET ADDRESS	6810 HAMMOCK LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	POTTER, JOHN M	4.2 NAME	
STREET ADDRESS	250 COSTELLO RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	
NAME	BROWN, TIMOTHY	5.2 NAME	
STREET ADDRESS	6707 PAMELA LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	BLOUNT, D G	6.2 NAME	Fraser, Linda
STREET ADDRESS	1018 SHADY LAKES, CIRCLE	6.3 STREET ADDRESS	309 Avila Dr.
CITY-ST-ZIP	PALM BEACH GARDENS FL	6.4 CITY-ST-ZIP	West Palm Beach, Fla. 33405

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timothy D. Brown* 4/30/98 561-686-1400

CR2E037 (10/97)