## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723459

(4)

## FILED Apr 10 1998 8:00am Secretary of State

PIC TO	OWN ESTATES, INC.					)		
Principal Place of Business Mailing Address						E INDERN HORTO HANG STATE BUILDS DELLA 1914 DEDIG	QUI BIBLI BIBLI B	
1201 SO AVE PLAZA W 911 W 51 AVE BRADENTON FL 34207 BRADENTON FL 342			07			3. Date Incorporated or Qualified 05/22/1972 4. FEI Number	$\rightarrow$	pplied For
2. Principal Place of Business 2a. Mailing Address						23-7267399  5. Certificate of Status Desired		ot Applicable Additional
21 26						5. Certificate of Status Desired	Fee R	equired
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						Election Campaign Financing     Trust Fund Contribution	\$5.00 Added to	
City & State City & S			State			7. Is this nonprofit corporation a homeowners association?		
23	28			Country		<del></del>	□ No	
Zip 24	25 Country			ntry		8. This corporation owes or has paid the cu Personal Property Tax due June 30.		tangible No
<del>23</del> 1	9. Name and Address of Curre		30			10. Name and Address of New Registered		
				81	Name			
BUCHIN, MURIEL				82	Street Addres	ress (P.O. Box Number is Not Acceptable)		
911 WEST 51 AVE				63			———	
BRAUEN	ITON FL 34207							
				84	City	FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Sta	atutes, the at	00/0	named corpo		f changing i	its registered
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								
12.	Signature, typed or printed name of registered at OFFICERS At	ND DIRECTORS	NOTE: Registered	d Agent	signatura required	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	8S IN 12
TITLE	PD	DELETE		1,1 TITLE		ABOMONO, OF INTOLES TO OFFICE TO ALL	Change	Addition
NAME	ELLSWORTH, DONALD		1,2 NAME				-	
STREET ADDRESS	1104 51ST AVE. W.		1,3 STREE		DDRESS			Į.
CITY-ST-ZIP	BRADENTON FL		1,4 CI	TY-ST-	ZIP			
TITLE	D	DELETE	2.1 11	TLE			Change	Addition
NAME	SAVARD, LEO		2.2 N					
STREET ADDRESS	908 51ST AVE PLAZA W		<b>1</b> -		DORESS			ļ
CITY-ST-ZIP TITLE	BRADENTON FL S	DELETE	2. 4 C	ITY-ST	- ZIP		Change	Addition
NAME	BARRETT, BONNIE	_ 0	3.2 N					
STREET ADDRESS	911 WEST 51 AVE DR				DDRESS			
CITY-ST-ZIP	BRADENTON FL		3.4. C	ITY-ST	-ZIP			
TITLE	D	☐ DELETE	4.1 Ti	TLE			Change	☐ Addition
NAME	Brandana, sue		4.2 N	AME				
STREET ADDRESS	1112 50TH AVE PLAZA W			4.3 STREET ADDRESS				1
CITY-ST-ZIP	BRADENTON FL	☐ DELETE		4.4 CITY-ST-ZIP		<u> </u>	Change	Addition
TITLE NAME	I BUCHIN, MURIEL			5.1 TITLE			∪nanye بـــ	LJ Addition
STREET ADDRESS	911 - 51ST AVE., WEST			5.2 NAME 5.3 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL		1	5.4 CITY-ST-ZIP				}
TITLE	D	DELETE		6.1 TITLE			Change	Addition
NAME	CARLSON, CARROL	_		6.2 NAME			-	
STREET ADDRESS	1005 50TH AVE TER W			6.3 STREET ADDRESS				
CITY-ST-ZIP	BRADENTON FL			6.4 CITY-ST-ZIP				
14. I hereby o	certify that the information supplied	with this filing does not qualif	y for the exe	mptic	on stated in S	ection 119.07(3)(i), Florida Statutes. I further c	artify that the	information

4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(j), 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 eath; 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: Muriel Buchin (Muriet Buchin) 4/02/98 941-753-1125