


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

**FILED**  
**Mar 12, 1999 8:00 am**  
**Secretary of State**

03-12-1999 90024 001 \*1,472.50

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F15168**

1. Corporation Name  
**DELTONA-MARCO PROPERTIES, II, INC.**

Principal Place of Business 999 BRICKELL AVENUE SUITE E700 MIAMI FL 33131 US	Mailing Address 999 BRICKELL AVENUE SUITE 700 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8014 SW 135th Street Road Suite, Apt. #, etc. 22 City & State 23 Ocala, FL Zip 24 34473		2a. Mailing Address 26 8014 SW 135th Street Road Suite, Apt. #, etc. 27 City & State 28 Ocala, FL Zip 29 34473		3. Date Incorporated or Qualified 01/16/1981		4. FEI Number 59-2059510		Applied For Not Applicable	
Country 25 USA		Country 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent

**HUMMERHIELM, SHARON J**  
999 BRICKELL AVENUE  
SUITE 700  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

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	VPSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMMERHIELM, SHARON	1.2 NAME	
STREET ADDRESS	999 BRICKELL AVE STE 700	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	RD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORTRIGHT, EARLE D JR	2.2 NAME	Antony Gram
STREET ADDRESS	999 BRICKELL AVE STE 700	2.3 STREET ADDRESS	8014 SW 135th Street Road
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Ocala, FL 34473
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDEN, DAVID M	3.2 NAME	Donald O. McNelley
STREET ADDRESS	999 BRICKELL AVE STE 700	3.3 STREET ADDRESS	8014 SW 135th Street Road
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Ocala, FL 34473
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Beth Smith
STREET ADDRESS		4.3 STREET ADDRESS	8014 SW 135th Street Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ocala, FL 34473
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon J. Hummerhielm, VP & Corporate Secretary

2/16/99

305-579-0999

Date

Daytime Phone #

CR2E034 (11/98)