


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

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Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F31620 (0)
1. Corporation Name
ORANGE STATE PROPERTY SERVICES, INC.



Principal Place of Business 259 E JOEL BLVD 201 E JOEL BLVD. LEHIGH FL 33936 US	Mailing Address 259 E JOEL BLVD 201 E JOEL BLVD. LEHIGH FL 33936 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 45 N. ALABAMA RD. Suite, Apt. #, etc. 22 N/A City & State 23 LEHIGH ACRES, FL Zip 24 33936 Country 25 USA		2a. Mailing Address 26 1100 HOMESTEAD RD. N Suite, Apt. #, etc. 27 N/A City & State 28 LEHIGH ACRES FL Zip 29 33936 Country 30 USA		3. Date Incorporated or Qualified 04/22/1981	4. FEI Number 59-2104132	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		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MORGAN, JOHN M 302 LEE BLVD STE 102 LEHIGH ACRES FL 33936		10. Name and Address of New Registered Agent 81 Name THOMAS J. DAVIS, JR., ESQ 82 Street Address (P.O. Box Number is Not Acceptable) 1401 RIMDALE ST E. 83 84 City LEHIGH ACRES FL 85 Zip Code 33936	
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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 Thomas J. Davis, Jr., Attorney DATE 2/24/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICHAEL, MORGAN J. 259 E JOEL BLVD LEHIGH FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT/DIRECTOR HARRY C. POWELL, JR. 1100 HOMESTEAD RD. N. LEHIGH ACRES, FL 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORGAN, JOHN M 302 LEE BLVD STE 102 LEHIGH ACRES FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SECRETARY/DIRECTOR CLAUDIO BELLINI 1100 HOMESTEAD RD. N. LEHIGH ACRES, FL 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ASSISTANT SECRETARY RUTH A. ANGLICKIS 1100 HOMESTEAD RD. N. LEHIGH ACRES, FL 33936 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE HARRY C. POWELL, JR.

CR2E034 (10/97)