

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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F76737** (8)
1. Corporation Name
TANGERINE WOODS UTILITY CORP.

Principal Place of Business 100 PALM HARBOR DRIVE VENICE FL 34287	Mailing Address 100 PALM HARBOR DRIVE VENICE FL 34287
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/19/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2223556	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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	

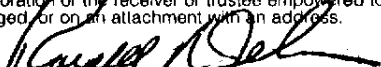
9. Name and Address of Current Registered Agent RUSSELL, JEFFREY S 200 SOUTH WASHINGTON BLVD SARASOTA FL 33577		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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					
TITLE	PT	<input type="checkbox"/> DELETE			
NAME	LIES, DAVID J				
STREET ADDRESS	6160 CICERO				
CITY-ST-ZIP	CHICAGO IL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	UPCHURCH, PAUL H				
STREET ADDRESS	6160 CICERO				
CITY-ST-ZIP	CHICAGO IL				
TITLE	AV	<input type="checkbox"/> DELETE			
NAME	JOHNSON, RONALD R				
STREET ADDRESS	725 NORTH INDIANA AVENUE				
CITY-ST-ZIP	ENGLEWOOD FL				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	JOHNSON, L ANN				
STREET ADDRESS	725 NORTH INDIANA AVENUE				
CITY-ST-ZIP	ENGLEWOOD FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	HANISCH, JEFFREY R.				
STREET ADDRESS	6160 N CICERO				
CITY-ST-ZIP	CHICAGO IL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS		2181 S FOSTER AVENUE			
1.4 CITY-ST-ZIP		WHEELING, ILLINOIS 60090			
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS		2181 S FOSTER AVENUE			
2.4 CITY-ST-ZIP		WHEELING, ILLINOIS 60090			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS		2181 S FOSTER AVENUE			
5.4 CITY-ST-ZIP		WHEELING, ILLINOIS 60090			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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:



11/1/98

811-421-8521

CR2E034 (10/97)