

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90079 018 ***150.00

DOCUMENT # F98000001058
1. Corporation Name
Exclusive Properties Group, INC.

Principal Place of Business
301 Richey Rd
LEESBURG, FL 34748
Mailing Address
PO Box 490283
LEESBURG, FL 34749



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 5/1/98	
4. FEI Number 59-3478479	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
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MOORE, VANCE 301 S RICHEY RD. LEESBURG FL 34748		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1906, 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.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1. NAME	11. TITLE		
2. STREET ADDRESS	12. NAME		
3. CITY-ST-ZIP	13. STREET ADDRESS		
	14. CITY-ST-ZIP		
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1. NAME	21. TITLE		
2. STREET ADDRESS	22. NAME		
3. CITY-ST-ZIP	23. STREET ADDRESS		
	24. CITY-ST-ZIP		
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1. NAME	31. TITLE		
2. STREET ADDRESS	32. NAME		
3. CITY-ST-ZIP	33. STREET ADDRESS		
	34. CITY-ST-ZIP		
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1. NAME	41. TITLE		
2. STREET ADDRESS	42. NAME		
3. CITY-ST-ZIP	43. STREET ADDRESS		
	44. CITY-ST-ZIP		
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1. NAME	51. TITLE		
2. STREET ADDRESS	52. NAME		
3. CITY-ST-ZIP	53. STREET ADDRESS		
	54. CITY-ST-ZIP		
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1. NAME	61. TITLE		
2. STREET ADDRESS	62. NAME		
3. CITY-ST-ZIP	63. STREET ADDRESS		
	64. CITY-ST-ZIP		

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 Section 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4/29/99 352-365-9772
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)