

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G06378 (5)

1. Corporation Name
PROPERTY MASTERS, INC.



Principal Place of Business 2041 TAMAMI TRAIL 2130-S TAMAMI TRAIL VENICE FL 34293 US	Mailing Address 2041 TAMAMI TRAIL 2130-S TAMAMI TRAIL VENICE FL 34293 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2041 S. TAMAMI TRAIL Suite, Apt. #, etc. 22 City & State 23 VENICE, FLORIDA Zip 24 34293	2a. Mailing Address 26 2041 S. TAMAMI TRAIL Suite, Apt. #, etc. 27 City & State 28 VENICE, FLORIDA Zip 29 34293
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3. Date Incorporated or Qualified 10/28/1982	4. FEI Number 59-2232314	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**EVERING, HENRY W
 1031 FOREST GROVE BLVD
 PALM HARBOR FL 33563**

2041 S. TAMAMI TRAIL
 VENICE, FL 34293

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
	2041 S. TAMAMI TRAIL		VENICE, FL	34293

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]* DATE: **4-28-98**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	EVERING, HENRY W	
STREET ADDRESS	1031 FOREST GROVE BLVD	
CITY-ST-ZIP	2041 S. TAMAMI TRAIL PALM HARBOR FL VENICE, FL 34293	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	EVERING, CHRISTINE L.	
STREET ADDRESS	1031 FOREST GROVE BLVD	
CITY-ST-ZIP	2041 S. TAMAMI TRAIL PALM HARBOR FL VENICE, FL 34293	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *[Signature]* DATE: **4-28-98**

CR2E034 (10/97)