


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

FILED
Jul 07 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 # H00897 (9)
1. Corporation Name
REP DEVELOPMENT CORPORATION



Principal Place of Business
2 N. TAMiami TRAIL
SUITE 404
SARASOTA FL 34236

Mailing Address
P.O. BOX 5027
SARASOTA FL 32477
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1984	
21		26		4. FEI Number 59-2406326	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. 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 GAUSE, W. PEYTON JR. TWO NORTH TAMiami TRAIL SUITE 404 SARASOTA FL 34236				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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPTS	<input type="checkbox"/> DELETE		1.1 TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRINE, ROBERT E			1.2 NAME	Robert E Prine		
STREET ADDRESS	P.O. BOX 5027			1.3 STREET ADDRESS	P.O. Box 5027 N/A		
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-ST-ZIP	Sarasota, FL 34277		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	Edward L. Perry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PERRY, EDWARD L			2.2 NAME	Edward L. Perry		
STREET ADDRESS	P.O. BOX 7553			2.3 STREET ADDRESS	P.O. Box 7553 N/A		
CITY-ST-ZIP	BRADENTON FL			2.4 CITY-ST-ZIP	Bradenton, FL 34210		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	Robert E. Prine, Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRINE, ROBERT E			3.2 NAME	Robert E. Prine, Jr.		
STREET ADDRESS	P.O. BOX 7553			3.3 STREET ADDRESS	P.O. Box 7553 N/A		
CITY-ST-ZIP	BRADENTON FL			3.4 CITY-ST-ZIP	Bradenton, FL 34210		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Barbara Prine	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Barbara Prine		
STREET ADDRESS				4.3 STREET ADDRESS	P.O. Box 5027 N/A		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Sarasota, FL 34277		
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 it changed, or on an attachment with an address.

SIGNATURE:  4/30/98 941-778-5447

CR2E034 (10/97)