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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # H41319 ES PROPERTIES OF MARIO				
Principal Place of Business Mailing Address				[188404] 2411 04801 14803 14401 14940 1844 44834 91014 91014 91014 91014 91014	
8100 SE 12TH COURT OCALA FL 34480 US		8100 SE 12TH COURT OCALA FL 34480 US			DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualified 02/06/1985
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-2500704 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 Cartificate of Status Desired S8.75 Additional
22		27			Fee Required
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	ry	This corporation owes or has paid the current year Intangible
24	25	29 3	0		Personal Property Tax due June 30. Yes No
	9, Name and Address of Current	Registered Agent		.T	10. Name and Address of New Registered Agent
	OPLES, WILLIAM D.		81	1 Name	1 6
	00 S E 12TH CT. Cala FL 34480		82	2 Street	et Address (P.O. Box Number is Not Acceptable)
00	ALA EL 3440U		83	3	
				4 0:	
			64		FL []
SIGNATURE	registered agent, or both, in the State or maintain with, and accept the obligation of printed name of registered agent. Signature, typod or printed name of registered agent.	i and title if applicable (NOTE: F	Registered Ag		ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered little required when reinstained DIRECTORS IN 12
12.	PT OFFICENS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	PEOPLES, WILLIAM D.	<u> </u>	1.2 NAME		E vialiga E vialisii
STREET ADDRESS	8100 SE 12TH CT.		1	T ADDRESS	s .
CITY-ST-ZIP	OCALA FL		1.4 CITY -	ST-ZIP	
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME CTOCCT ADODECC	PEOPLES, ROBIN L. 8100 SE 12TH CT.		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	OCALA FL		2.3 STREE	T ADORES\$	3
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRESS	s
CITY-ST-ZIP		- I on the	3.4. CITY-		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			4. 2 NAME		e l
CITY-ST-ZIP			4.3 STREE	T ADDRESS St-71P	3
TITLE		DELETE	5.1 TITLE	₩1 4.11	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	s
CITY-ST-ZIP		DELETE	5.4 CITY		Change Addition
10113-			■ E 1 TITIÉ		I I I DANGE I I ANGINO

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.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

() Walson 3

757-737-729/

FILED

Mar 20 1998 8:00am

Secretary of State