

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

FILED
Feb 17 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 # H41592 (7)
 1. Corporation Name
OVIEDO PROPERTIES INVESTMENT, INC.



Principal Place of Business C/O C. VICTOR BUTLER, JR. 1218 E. ROBINSON ST. ORLANDO FL 32801	Mailing Address C/O C. VICTOR BUTLER, JR. 1218 E. ROBINSON ST. ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1985	
21 3185 So Conway Rd Suite, Apt #, etc.	26 3185 So Conway Rd. Suite, Apt #, etc.	4. FEI Number 03-7260208		Applied For <input checked="" type="checkbox"/> Not Applicable	
22 Suite E City & State	27 Suite E City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Orlando FL Zip Country	28 Orlando FL Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32812	25 Orange	29 32812		30 Orange	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**BUTLER, C. VICTOR, JR.
 1218 E. ROBINSON ST.
 ORLANDO FL 32801**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0402 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP D
NAME	PLANTE, GEORGE	1.2 NAME	Becker, David
STREET ADDRESS	1102 WINTER SPRINGS BLVD	1.3 STREET ADDRESS	1847 North St
CITY-ST-ZIP	WINTER SPRINGS FL	1.4 CITY-ST-ZIP	Longwood FL 32750
TITLE	SD	2.1 TITLE	Treasurer D
NAME	PLANTE, LOIS	2.2 NAME	Becker, Angela
STREET ADDRESS	1102 WINTER SPRINGS BLVD	2.3 STREET ADDRESS	1847 North St
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	Longwood FL 32750
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 changed, or on an attached form, with an address.

SIGNATURE: *George Plante* **GEORGE PLANTE** 1/19/98

CR2E034 (10/97)