

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90030 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H41592

1. Corporation Name
OVIEDO PROPERTIES INVESTMENT, INC.



Principal Place of Business 3185 S CONWAY RD STE. E ORLANDO FL 32812 US	Mailing Address 3185 S CONWAY RD STE. E ORLANDO FL 32812 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/07/1985
4. FEI Number 03-7260208
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Angela E. Becker
82 Street Address (P.O. Box Number is Not Acceptable) 1847 North St
83 City Longwood FL
84 City Longwood FL
85 Zip Code FL 32750

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 *Angela E. Becker* DATE **3/26/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PLANTE, GEORGE	
STREET ADDRESS	1102 WINTER SPRINGS BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PLANTE, LOIS	
STREET ADDRESS	1102 WINTER SPRINGS BLVD	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BECKER, DAVID	
STREET ADDRESS	1847 NORTH ST	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BECKER, ANGELA	
STREET ADDRESS	1847 NORTH ST	
CITY-ST-ZIP	LONGWOOD FL 32750	
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, with all other like empowered.

SIGNATURE: *Angela Becker* DATE: **3/26/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)