


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

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # H42841 (7)</b> 1. Corporation Name <b>EAST FOURTH STREET PROPERTIES, INC.</b>		

Principal Place of Business <b>C/O C. VICTOR BUTLER, JR. 1218 E. ROBINSON ST. ORLANDO FL 32801</b>	Mailing Address <b>C/O C. VICTOR BUTLER, JR. 1218 E. ROBINSON ST. ORLANDO FL 32801</b>
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2. Principal Place of Business 21 <b>3185 Conway Rd</b> Suite, Apt. #, etc 22 <b>Suite E</b> City & State 23 <b>Orlando FL</b> Zip 24 <b>32812</b> Country 25 <b>Orange</b>	2a. Mailing Address 26 <b>3185 Conway Rd</b> Suite, Apt. #, etc 27 <b>Suite E</b> City & State 28 <b>Orlando FL</b> Zip 29 <b>32812</b> Country 30 <b>Orange</b>
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9. Name and Address of Current Registered Agent <b>BUTLER, C. VICTOR, JR. 1218 E. ROBINSON ST. ORLANDO FL 32801</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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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	VD PLANTE, GEORGE 1102 WINTER SPRINGS BLVD WINTER SPRINGS FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD PLANTE, LOIS 1102 WINTER SPRINGS BLVD WINTER SPRINGS FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD BECKER, DAVID R. 1847 NORTH ST. LONGWOOD FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD BECKER, ANGELA E. 1847 NORTH ST. LONGWOOD FL	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 attachment with an address.

SIGNATURE: *David R. Becker* *Angela E. Becker* *1/2/98*

CR2E034 (10/97)