

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0095486

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J05919

(2)

1. Corporation Name
 P & L PROPERTIES, INC.



Principal Place of Business: 6035 ESTERO BLVD. FT. MYERS BCH. FL 33931 US
 Mailing Address: 6035 ESTERO BLVD. FT. MYERS BCH. FL 33931 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 03/24/1986
 4. FEI Number: 59-2666230 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

GILLIS, CAROLYN F.
 9 AVE. CARITA
 FT MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

81 Name: CAROLYN B. KINGSELEY
 82 Street Address (P.O. Box Number is Not Acceptable): P.O. Box 6260
 83 City: 9 AVENIDA CARITA
 84 City: FT. MYERS BCH FL 85 Zip Code: 33931

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: Carolyn H. Kingseley

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	GILLIS, CAROLYN F.	
STREET ADDRESS	9 AVE. CARITA	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE	DS	DELETE
NAME	GILLIS, CAROLYN F.	
STREET ADDRESS	9 AVE. CARITA	
CITY-ST-ZIP	FT MYERS BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	Addition
1.2 NAME	CAROLYN Billie Kingseley		
1.3 STREET ADDRESS	NAME CHANGE DUE TO MARRIAGE		
1.4 CITY-ST-ZIP	SAME ADDRESS		
2.1 TITLE	DS	Change	Addition
2.2 NAME	CAROLYN Billie Kingseley		
2.3 STREET ADDRESS	SAME		
2.4 CITY-ST-ZIP	SAME ADDRESS		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	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.

SIGNATURE: Carolyn H. Kingseley

CR2E034 (5/98)