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

PROFIT CORPORATION ANNUAL REPORT 1998 OCHMENT #

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09 1998 8:00am Secretary of State

1, Corporatio	T CITY PROPERTIES, INC	` '			
P.O. BOX 323		P.O. BOX 323			
ST. AUGUSTINE FL 32085		ST. AUGUSTINE FL 32085		DO NOT WRITE IN THIS SPACE	
L				 Date Incorporated or Qualified 04/29/1986 	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 POBEX -3433		NOT APPLICABLE	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		28 State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Føes
Zip	Country	71p ~ 0 C	Country	This corporation owes or has paid the city.	
24	25	29 33 08-5	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
9, Name and Address of Current Registered Agent MBNCH I ESTED I 81 Name				10. Name and Address of New Registered	Agent
RO VICTO CIDECT VILANO REACH EL 20094					
P.O. BOX 323			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
ST. AUGUSTINE FL 32085			83		
	. , , , , , , , , , , , , , , , , , , ,				
1			84 City	FI FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	ites, the above-named corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
agent La	irn familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Statutes.	ion's board of directors. Thereby accept the ap	politiment as registered
SIGNATURE				ed when reinstaling) DATE	
12.	Signature, typod or printed name of registered a OLF ICERS A:	ND DIRECTORS	TF: Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	DST	DELETE	1.1 TITLE	7100 HONO, OHA HOLE TO OF HOLE NO VI	Change Addition
NAME	MINCH, LESTER J.		12 NAME		
STREET ADDRESS	62 VIEJO STREET		1.3 STHEET ADDRESS		
CITY-ST-ZIP	VILANO BEACH FL		1.4 CITY - ST - ZIP		
TITLE	D	DELE1E	2.1 TATLE		Change Addition
NAME	PETERSON, ROBERT B.		2.2 NAME		
STREET ADDRESS	851 MAPLEWOOD LANE		2.3 STREET ADDRESS		
City-S1-ZIP	ORANGE FL	ber be-	2 4 CITY-ST-ZIP		T 65
TITLE	BUKOWSKI, RICHARD	DELETE	3 1 TITLE		Change Addition
NAME	1703 PELICAN PL		3.2 NAME		
STREET ADDRESS	MIDDLEBURG FL		3.3 STREET ADDRESS		
CITY-ST-ZIP	THE SPECTOR IS	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		المناه الم	4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELFTE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE1 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 supplied entral prival 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 of the recover 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 authorities that the information 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 of the recover of the corporation of the corpora