

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

FILED
Feb 06 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 # J21269 (2)
 1. Corporation Name
FOUNTAINVIEW ESTATES, INC.



Principal Place of Business % NED F. SINDER 600 FOUNTAINVIEW LAKELAND FL 33809	Mailing Address 3310 BAYOU ROAD LONGBOAT KEY FL 34228 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3310 Bayou Road Suite, Apt. #, etc.		2a. Mailing Address 26 3310 BAYOU ROAD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/26/1986	
22 City & State 23 Longboat Key FL		27 City & State 28 Longboat Key FL		4. FEI Number 59-2699878	
24 Zip 34228		25 Country USA		29 Zip 34228	
30 Country US		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	
9. Name and Address of Current Registered Agent SINDER, NED F 3310 BAYOU RD ROAD LONGBOAT KEY FL 34228				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	85 Zip Code	

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: *Ned F. Sinder* DATE: 1/29/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SINDER, NED F.	1.2 NAME	
STREET ADDRESS	3310 BAYOU RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	JOXFORD JR.	2.2 NAME	MARGARET L. OXFORD
STREET ADDRESS	6685 GULF OF MEXICO DR	2.3 STREET ADDRESS	6685 GULF OF MEXICO DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE		3.1 TITLE	SD
NAME		3.2 NAME	LORI S. HIRSH
STREET ADDRESS		3.3 STREET ADDRESS	485 CAMBRIDGE WAY
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ATLANTA, GA 30328
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 attachment with an address.

SIGNATURE: *Ned F. Sinder* DATE: 1/29/98

944/88-9411

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