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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J36622 (5) 1. Corporation Name FRCC PROPERTIES, INCORPORATED			
Principal Place of Business 1901 SW 37TH AVE OKEECHOBEE FL 34974 US		Mailing Address 1901 SW 37TH AVE OKEECHOBEE FL 34974-5482 US	
2. Principal Place of Business 21 1901 S.W. 37TH AVE Suite, Apt. #, etc. 22 City & State 23 OKEECHOBEE FL Zip 24 34974 Country 25 OKEECHOBEE		2a. Mailing Address 26 1901 S.W. 37TH AVE Suite, Apt. #, etc. 27 City & State 28 OKEECHOBEE FL Zip 29 34974-5482 Country 30 OKEECHOBEE	
9. Name and Address of Current Registered Agent FREEMAN, GLADYS M. 1901 SE 37TH AVE OKEECHOBEE FL 34974		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: Gladys M. Freeman DATE: 4-11-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SULLIVAN, CHARLOTTE F. RT 5, BOX 2520 TALLAHASSEE FL 32311	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	FREEMAN, GLADYS M DPT 1901 S.W. 37TH AVE. OKEECHOBEE FL 34974
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CANDLER, MARCIA L. 11000NW 64TH TRAIL OKEECHOBEE FL 34972	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do 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: Gladys M. Freeman DATE: 4-11-97 941-763-3610 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)