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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # J40343 I.D.C. PROPERTIES OF VOLUSIA, INC.

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

## **FILED** Apr 01 1998 8:00am Secretary of State



| Driverine to Disease                                | -(Pusingan   | Mailing Addross                           |  |                                  | <del>-</del>         |   |                                |   |                            |  |
|---|--|---|--|----------------------------------|----------------------|---|--------------------------------|---|----------------------------|--|
| Principal Place of Business Mailing Address         |  |   |  |                                  |                      |   |                                |   |                            |  |
| 402 HIGH PT DR. 402 HIGH PT DR. COCOA FL 32926-6621 |  |   |  |                                  |                      | DO NOT WRIT   | E IN THIS SI                   | PACE  |                            |  |
|   |  |   |  |                                  |                      | 3. Date Incorporated or Qualified   |                                |   |                            |  |
|   |  |   |  |                                  |                      | 10/30/1986  |                                |   |                            |  |
| 2. Principal Place of Business 2a. Mailing Address  |  |   |  |                                  |                      | 4. FEI Number   |                                | _ <del>                                    </del> | plied For                  |  |
|   |  |   | 3767   |                                  |                      | 59-2746859  |                                | <del></del>                                       | t Applicable               |  |
| Suite, Apt. #, etc.                                 |  | Suite, Apt. #, etc.                       |  |                                  |                      | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |   |                            |  |
| City & State City & State                           |  |   | <del></del> ,                                  |                                  |                      | 6. Election Campaign Financing  |                                |   |                            |  |
| 23 COG  |  |   |  |                                  |                      | Trust Fund Contribution   | <u> </u>                       | Added 1   |                            |  |
| Zip   | Country  | Zip 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 一 Cour   |                                  | . 1                  | 8. This corporation owes or has p   |                                |   |                            |  |
| 24 3292   | 25 Brevard   | 29 32924-3767                             | 30 Dt  | eor                              | ird                  | Personal Property Tax due Jun 10. Name and Address of New R                           |                                |   | No                         |  |
|   | 9, Name and Address of Current   | Hegistered Agent                          | -  | B1 N                             | ame                  | 10. Name and Address of New A   | agistereu A                    | your  |                            |  |
|   | SCHENBAUM, MALCOLM R.  |   | - 1  | "                                | 3111 <del>0</del>    |   |                                |   |                            |  |
| 402 HIGH POINT DR.<br>COCOA FL 32926                |  |   |  | <b>82</b> S                      | reet Addr            | ress (P.O. Box Number is Not Accepta  | able)                          |   |                            |  |
|   |  |   |  | 63                               |                      |   |                                |   |                            |  |
|   |  |   |  | <b>B4</b> C                      | ty                   |   | FL                             | <b>85</b> Zip (                                   | Code                       |  |
| office or re  | o the provisions of Sections 607.0502<br>egistered agent, or both, in the State<br>in familiar with, and accept the obliga   | of Florida. Such change was au            | ithorized                                      | DV the                           | med corp<br>corporat | poration submits this statement for the tion's board of directors. I hereby according | purpose of ept the appo        | changing it<br>intment as                         | s registered<br>registered |  |
| SIGNATURE .   | Stonature, typed or printed name of registered ager  | nt ned title 4 applicabile (NOTE:         | Registered                                     | Agent si                         | Inature requir       | red whon reinstating)   | DATE                           |   |                            |  |
| 12.   | OFFICERS AND   | DIRECTORS                                 | 13.  |                                  |                      | ADDITIONS/CHANGES TO OFF  | ICERS AND                      |   |                            |  |
| TITLE   | ٧  | DELETE                                    | 1.1 117  | LE                               |                      |   |                                | Change  | Addition                   |  |
| NAME  | MCDANIEL, LARRY  |   | 1.2 NA   | ME                               |                      |   |                                |   |                            |  |
| STREET ADDRESS                                      | and the state of t |   | 1.3 ST   | REET ADD                         | ress                 |   |                                |   |                            |  |
| CITY-ST-ZIP   | COCOA FL   | COCOA FL 140                              |  | Y - ST - ZI                      | ,                    |   |                                |   |                            |  |
| TITLE   | ST   |   |  | LE                               | Į.                   | •   | i                              | Change  | Addition                   |  |
| RAME  | DIDOMENICO, PATRICK E.   |   | 2.2 NA   | ME                               |                      |   |                                |   |                            |  |
| STREET ADDRESS                                      | 402 HIGH PT DR.  |   | 2.3 ST   | STREET ADDRESS                   |                      |   |                                |   |                            |  |
| CITY-ST-ZIP   | COCOA FL   | COCOA FL 2.                               |  | 2. 4 CITY-ST-ZIP                 |                      |   |                                |   |                            |  |
| TITLE   | PD DELETE  |   | 3.1 TIT  | 3.1 TITLE                        |                      |   |                                | Change  | Addition                   |  |
| NAME  | KIRSCHENBAUM, MALCOLM  | R.  | 3.2 NA   | ME                               |                      |   |                                |   |                            |  |
| STREET ADDRESS                                      | 402 HIGH PT DR.  |   | 3.3 ST   | REET ADD                         | RESS                 |   |                                |   |                            |  |
| CITY-ST-ZIP   |  |   |  | 3.4. CITY-ST-ZiP                 |                      |   |                                |   | 1 4 4 400                  |  |
| TITLE   | <b>V</b> P   | •   |  |                                  |                      |   |                                | Change  | Addition                   |  |
| NAME  | manat, care  |   | 4 2 N  |                                  |                      |   |                                |   |                            |  |
| STREET ADDRESS                                      | 402 HIGH POINT DR  |   | 1  | REET ADD                         | 1                    |   |                                |   |                            |  |
| CITY-ST-ZIP   | COCOA FL   | T herese                                  | _  | Y-ST-ZI                          | P                    |   |                                | Change  | Addition                   |  |
| TITLE   |  | ☐ DELETE                                  | 5.1 TIT  |                                  |                      |   |                                | Change  | L. Addition                |  |
| NAME  |  |   |  | ME                               |                      |   |                                |   |                            |  |
|   |  |   | 5.2 NA   |                                  |                      |   |                                |   |                            |  |
| STREET ADDRESS                                      |  |   | 5.3 ST   | REET ADE                         | l l                  |   |                                |   |                            |  |
| CITY-ST-ZIP   |  |   | 5.3 ST<br>5.4 CI                               | REET ADE                         | l l                  |   |                                | Change  | Addition                   |  |
| CITY-ST-ZIP<br>TITLE                                |  | ☐ DELETE                                  | 5.3 ST<br>5.4 C/T<br>6.1 T/T                   | REET ADE<br>'Y-ST-ZI<br>LE       | l l                  |   |                                | ☐ Change  | Addition                   |  |
| CITY-ST-ZIP<br>TITLE<br>NAME                        |  |   | 5.3 ST<br>5.4 C/I<br>6.1 T/I<br>6.2 NA         | REET ADE<br>'Y-ST-Zi<br>LE<br>ME | P                    |   |                                | ☐ Change  | Addition                   |  |
| CITY-ST-ZIP<br>TITLE                                |  |   | 5.3 ST<br>5.4 CH<br>6.1 TH<br>6.2 NA<br>6.3 ST | REET ADE<br>'Y-ST-ZI<br>LE       | RESS                 | <b>54</b> 0   |                                | Change  | Addition                   |  |

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 control of the

2-18-98