

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

FILED

May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J40696** (3)  
1. Corporation Name  
**GORDON PROPERTIES, INC.**

Principal Place of Business <b>% MARK ANDREW GORDON 27820 SW 164 CT. HOMESTEAD FL 33031</b>	Mailing Address <b>% MARK ANDREW GORDON 27820 SW 164 CT. HOMESTEAD FL 33031</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1631 SW 15 AVE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>1631 SW 15 AVE</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>10/30/1986</b>	
22 City & State 23 <b>CAPE CORAL, FL</b>		27 City & State 28 <b>CAPE CORAL, FL</b>		4. FEI Number <b>59-2723267</b> Applied For Not Applicable	
24 <b>33991</b> 25 <b>LEE</b>		29 <b>33991</b> 30 <b>LEE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent <b>GORDON, MARK ANDREW 27820 SW 164 CT. HOMESTEAD FL 33031</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1631 SW 15 AVE</b> 83 84 City <b>CAPE CORAL</b> FL 85 Zip Code <b>33991</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GORDON, MARK ANDREW 27820 SW 164 CT. HOMESTEAD FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1631 SW 15 AVE CAPE CORAL, FL 33991</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GORDON, CINDY LYNN 27820 SW 164 CT. HOMESTEAD FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1631 SW 15 AVE CAPE CORAL, FL 33991</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Cindy Lynn Gordon*

4/12/98 941-458-8330

CR2E034 (10/97)