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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K62041

(4)

SOUTHLAND PROPERTIES OF OCALA, INC.

Mailing Address

FILED
May 27 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address					a i parliftir ald drift inder aberr ander ride alder di dit di als ander di dit i dider	
5135 34TH ST ST. PETERSBI		5135 34TH ST \$ ST. PETERSBURG FL 33711				
U\$		U\$			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 01/31/1989	
2. Principal Pi	Dolphin Cay Ln	2a. Mailing Address			4. FEI Number Applied For	
21 4/50	Dolphin Cay Lin S	26 4750 Dolphin	Ca	y Ln	S 59-2942332 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
	etersburg,F1.	St.Petersbur	g,	FI.	Trust Fund Contribution Added to Fees	
Zip 33	711-4679 Ountry	— <sup>Zij</sup> 33711~46 <del>∤9</del> ე <sup>Countr</sup>			This corporation owes or has paid the current year Intangible	
24		[29] [30]		US	Personal Property Tax due June 30. 🔀 Yes 🔲 No	
	9. Name and Address of Current	Registered Agent	1	1	10. Name and Address of New Registered Agent	
	U <b>ffm</b> an, Jay e CPA		81	Name		
6526 <b>Ce</b> ntral ave				82 Street Address (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 33707			ļ			
			83			
,			84	City	B5 Zip Code	
			_ـــــــــــــــــــــــــــــــــــــ		FL	
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. Fai	m familiar with, and accept the obligation	lions of, Section 607.0505, Florida St	atutes	\$ corpo.	rations board or directors i moreoy decept the appointment as registered	
SIGNATURE Signature, lygoid or product name of trigo letted agent and filled approximate (NOTE: Registered Agent signature required when reinstating)  DATE						
	Signature, typod or proded name of triple leted agen OFFICERS AND			ant signature rec	quired when reinsteting) DATE // ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	D OFFICERS AND		). TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	FRIEDMAN, ERNEST	<del></del>	NAME		Z. Orlange - I ratement	
STREET ADDRESS	5135 34TH ST S			, annotice	4750 Dolphin Cay Ln.S.	
	ST. PETERSBURG FL 33711			ADDRESS	St.Petersburg, F1. 33711-4679	
CITY-ST-ZIP TITLE	D		CITY - S	1-ZIP	Change Addition	
NAME		<u> </u>			(	
-	5135 34TH ST S 235		2.2 NAME 2.3 STREET ADDRESS		4750 Dolphin Cay Ln.S. St.Petersburg, F1. 33711-4679	
STREET ADDRESS					St.Petersburg, F1. 33711-46/9	
CITY-ST-ZIP TITLE	GIA FETENODUNG FL 33/ []		FOLLY-S	21-71P	Change Addition	
					Commyo ( Appliful )	
NAME CYDEET LABOURGE			NAME		· I	
STREET ADDRESS		B		ADDRESS		
CITY-ST-ZIP TITLE		- · · · · · · · · · · · · · · · · · · ·	CITY - S	SI-ZIP	Change Addition	
					בי Criange בין אטממטוי	
NAME OTDEST LDODGES		1	NAME	1000000		
STREET ADDRESS				ADDRESS		
CITY+ST-ZIP TITLE		The ere	DITY-S	31 - ZIP	Change Addition	
i			TITLE NAME		Consider Addition	
NAME PERFET ADDRESS				ADDRESS		
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			CHY-S	01-ZIP	Change Addition	
TITLE			TITLE		CT Change CT Addition	
NAME ATORET ADDOCAG			NAME	- PDDDCCC		
STREET ADDRESS		1		ADDRESS		
CITY-ST-ZIP		6.4	CITY-S	T-7IP	1 0 1 10 07/0VC 51 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

14. Thereby 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 composition or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if granged or on an attaching of the control of the cont

SIGNATURE: MANS TURNING

FRIEDUAU

5/1 kg 813-816-8086