

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90117 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L15473
 1. Corporation Name
FLORIDA RENTAL PROPERTY, INC.

Principal Place of Business 250 95 ST SURFSIDE FL 33154 US	Mailing Address PO BOX 614 KINSTON NC 28502 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified 09/11/1989	Applied For Not Applicable
4. FEI Number 65-0152314	
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
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

EVANS, LAURIE P., C/O Edward S. Levine Atty AT LAW
328 MINORCA AVE.
CORAL GABLES FL 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHUSED, ANDREW M.	
STREET ADDRESS	G1 WESTPORT	
CITY-ST-ZIP	PINE KNOLL SHORES NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHUSED, HARRIET	
STREET ADDRESS	P O BOX 614 N/A	
CITY-ST-ZIP	KINSTON NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHECHTER, PEARL	
STREET ADDRESS	P O BOX 614 N/A	
CITY-ST-ZIP	KINSTON NC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHUSED, ANDREW M.	
STREET ADDRESS	G1 WESTPORT	
CITY-ST-ZIP	PINE NKOLL SHORES NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHECHTER, SOL	
STREET ADDRESS	P O BOX 614 N/A	
CITY-ST-ZIP	KINSTON NC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHUSED, PAUL	
STREET ADDRESS	P O BOX 614 N/A	
CITY-ST-ZIP	KINSTON NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Andrew M. Chused	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	PO Box 579	
1.4 CITY-ST-ZIP	Atlantic Beach, NC 28512	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Andrew M. Chused	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	PO Box 579	
4.4 CITY-ST-ZIP	Atlantic Beach, NC, 28512	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED APR 8 - 1999 252-527-2011

CR2E034 (1/198)