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 # 1. Corporation Name

(1)

FINANCIAL ESTATE DEVELOPERS, INC.

FILED Mar 03 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						# (AMILONI BAR LINIO ELIVI MELVE LINDEL)	TIN BIBIT BIBIT BIBIT BI	BIT BIBH BIBH 1994
7041 GRAND NATIONAL DR. 7041 C 230 230			GRAND NATIONAL DR.					
ORLANDO F		ORLANDO FL 32819			DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualified 10/25/1989		
2. Principal Place of Business 2a. Mailing Addre			ddress			4. FEI Number		Applied For
21	26				59-2979058		Not Applicable	
Suite, Apt.	. #, e 1C.	Suite, Apt				Certificate of Status Desired Section		
City & Sta	le	City & Sta	City & State			8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees		
Zip	Country Zip		Country	Country 8. This corporation or		wes or has paid the current year Intangible		
24	25 29 30			30		Personal Property Tax due June 30. Yes No		
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
LAUBACH, TIMOTHY C.					Name			
1218 MOUNT VERNON ST				82	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)	
ORLANDO FL 32803				83				
				63				
				84	City		FL 85	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above						poration submits this statement for the	nurpose of chang	ing 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	in ignina that, and accopt the of	angariono or, oconom o	31,0000,710.1	iou otatatoo				
SIGNATURE	Signature, typed or printed name of registered	d agent and little if applicable	(NOTE:	Registered Ager	nt signature requir	ed when reinstating)	DATE	
12.		AND DIRECTORS		13.	· · ·	ADDITIONS/CHANGES TO OFFIC		
TATLE	PD	Ц	DELETE	1.1 THLE			☐ Cha	ange L_1 Addition
NAME	CASEY, WILLIAM D.	DD		1.2 NAME	- 1			
STREET ADDRESS	7041 GRAND NATIONAL I ORLANDO FL	UM.		1.3 STREET				İ
CITY-ST-ZIP TITLE	STD		DELE TE	1.4 CITY - ST	- ZIP		☐ Cha	ange Addition
NAME	ELLIOTT, JANET, K	U	DELLIE	2.1 TITLE 2.2 NAME				ilige Addition [
STREET ADDRESS	7041 GRAND NATIONAL I	nr		2.3 STREET	ADDRESS.	. ^		
CITY-ST-ZIP	ORLANDO FL	J(1)		2.4 CITY-S				
TITLE			DELETE	3.1 TITLE	4.11		☐ Cha	inge Addition
NAME				3.2 NAME			- -	
STREET ADDRESS				3.3 STREET	ADDRESS			1
CITY-ST-ZIP				3.4. CITY-S	r-ZIP			ł
TITLE			DELETE	4.1 TITLE			☐ Cha	nge Addition
NAME				4. 2 NAME				ĺ
STREET ADDRESS				4.3 STREET /	ODRESS			
CITY-ST-ZIP				4.4 City-St	- ZIP			
TITLE		Ц	DELETE	5.1 TITLE			L Cha	nge 🔲 Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET /	1			
CITY-ST-ZIP TITLE	·	————	DELETE	5.4 CITY - ST 6.1 TITLE	- ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Char	nge Addition
		Ц	DELETE	6.1 TITLE 6.2 NAME			than	-iñe 🗂 Wodilloig
NAME STREET ADDRESS					noncee			
CITY-ST-ZIP				6.3 STREET A				
Ott 1 - ST-ZIF				6.4 CITY-ST	- LIF			

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 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.