


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT 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 # **N96000005442 (6)**

1. Corporation Name  
**NARANJA PRINCETON COMMUNITY DEVELOPMENT CORPORAT  
ION**



Principal Place of Business <b>24420 SOUTH DIXIE HIGHWAY PRINCETON FL 33032</b>	Mailing Address <b>150 SE SECOND AVENUE 911 MIAMI FL 33131</b>
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3. Date Incorporated or Qualified <b>10/21/1996</b>	
4. FEI Number <b>31-1533092</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>24420 South Dixie Highway</b> Suite, Apt. #, etc.	2a. Mailing Address 28 <b>24420 South Dixie Highway</b> Suite, Apt. #, etc.		
22	27		
23 City & State <b>Princeton, Florida</b>	28 City & State <b>Princeton, Florida</b>		
24 Zip <b>33032</b>	25 Country <b>Dade USA</b>	29 Zip <b>33032</b>	30 Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MCKINNON, CHARLES  
150 SE SECOND AVE.  
SUITE 911  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name <b>Charles McKinnon</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>24420 South Dixie Highway</b>		
83		
84 City <b>Princeton</b>	85 State <b>FL</b>	86 Zip Code <b>33032</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ, ALFREDO</b>	1.2 NAME	
STREET ADDRESS	<b>25520 SW 127TH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NARANJA FL 33032</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, SALLIE</b>	2.2 NAME	
STREET ADDRESS	<b>26620 SW 138TH AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NARANJA FL 33032</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORROW, PAUL</b>	3.2 NAME	
STREET ADDRESS	<b>13495 SW 260TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NARANJA FL 33032</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, DIANE</b>	4.2 NAME	
STREET ADDRESS	<b>26227 SW 139TH CT.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NARANJA FL 33032</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, JOSEPH</b>	5.2 NAME	
STREET ADDRESS	<b>26515 SW 138TH AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NARANJA FL 33032</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRANER, DALE</b>	6.2 NAME	
STREET ADDRESS	<b>26330 SW 131ST STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PRINCETON FL 33032</b>	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **May 1, 1998** **305 258-3929**

CR2E037 (10/97)