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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001159 (9)

1. Corporation Name
KAKUSHA HOME PARK INCORPORATED

Principal Place of Business 1654 CLEARWATER LARGO ROAD LOT 601 CLEARWATER FL 34616	Mailing Address 1654 CLEARWATER LARGO ROAD LOT 601 CLEARWATER FL 34616
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

SEATURRO, BILL
1654 CLEARWATER-LARGO RD.
LOT 133
CLEARWATER FL 34616

Delete

3. Date Incorporated or Qualified 02/27/1997
4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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
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 type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name **LOSEY, ROBERT**
82 Street Address (P.O. Box Number is Not Acceptable)
1654 CLEARWATER-LARGO RD
83 **LOT 701**
84 City **CLEARWATER** FL 85 Zip Code **33756**

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 **Robert Losey - Treasurer** DATE **2-14-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CHASE, DEE
STREET ADDRESS	1654 CLEARWATER LARGO ROAD #805
CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	VD <input type="checkbox"/> DELETE
NAME	AVBIN, CONNIE
STREET ADDRESS	1654 CLEARWATER LARGO ROAD #401
CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SOUTTER, CHARLOTTE
STREET ADDRESS	1654 CLEARWATER LARGO ROAD #706
CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	SCATURRO, BILL
STREET ADDRESS	1654 CLEARWATER LARGO ROAD #133
CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PORTER, CHARLES
STREET ADDRESS	1654 CLEARWATER LARGO ROAD #129
CITY-ST-ZIP	CLEARWATER FL 34616
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, BLAIR
STREET ADDRESS	1654 CLEARWATER LARGO ROAD #601
CITY-ST-ZIP	CLEARWATER FL 34616

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P.D. DeSIMONE, Gwendolyn
1.3 STREET ADDRESS	1654 CLEARWATER-LARGO RD. #232
1.4 CITY-ST-ZIP	CLEARWATER FL 33756
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	S.D. MULIA, Evelyn
3.3 STREET ADDRESS	1654 CLEARWATER-LARGO RD #298
3.4 CITY-ST-ZIP	CLEARWATER, FL 33756
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T.D. LOSEY, ROBERT
4.3 STREET ADDRESS	1654 CLEARWATER-LARGO RD # 701
4.4 CITY-ST-ZIP	CLEARWATER, FL 33756
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D. FIRKINS, Miles
5.3 STREET ADDRESS	1654 CLEARWATER-LARGO RD 210
5.4 CITY-ST-ZIP	CLEARWATER-FL 33756
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300002438723
6.3 STREET ADDRESS	-02/24/98--01016--016
6.4 CITY-ST-ZIP	***61.25

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: **Robert Losey** DATE **2-14-98** **813**
586-64166

CR2E037 (10/97)