

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

007023

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000009012 (4)
 1. Corporation Name

C PLUS PROPERTIES, INC.



Principal Place of Business

Mailing Address

11911 US HWY 1
 112
 N PALM BEACH FL 33469
 US

11911 US HWY 1
 112
 N PALM BEACH FL 33408
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1993

4. FEI Number

65-0389330

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 11911 US Ove

26 11911 US Hwy One

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

North Palm Beach, FL

28 City & State

North Palm Beach, Fla

24 Zip

33408

25 Country

USA

29 Zip

33408

30 Country

USA

9. Name and Address of Current Registered Agent

ROBERT B. COOK
 11911 US HWY 1
 112
 N.P.B. FL 33408

10. Name and Address of New Registered Agent

B1 Name

Robert B. Cook

B2 Street Address (P.O. Box Number is Not Acceptable)

11911 US Hwy 1

B3

Suite 201

B4 City

North Palm Beach

FL

B5 Zip Code

33408

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: Robert B. Cook

(NOTE: Registered Agent signature required when reinstating)

7/7/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
 NAME: COOK, LESLIE A
 STREET ADDRESS: 17 BAY HARBOR RD
 CITY-ST-ZIP: TEQUESTA FL 33469

1.1 TITLE: Change Addition
 1.2 NAME: Change Addition
 1.3 STREET ADDRESS: Change Addition
 1.4 CITY-ST-ZIP: Change Addition

TITLE: DELETE
 NAME: DELETE
 STREET ADDRESS: DELETE
 CITY-ST-ZIP: DELETE

2.1 TITLE: Change Addition
 2.2 NAME: Change Addition
 2.3 STREET ADDRESS: Change Addition
 2.4 CITY-ST-ZIP: Change Addition

TITLE: DELETE
 NAME: DELETE
 STREET ADDRESS: DELETE
 CITY-ST-ZIP: DELETE

3.1 TITLE: Change Addition
 3.2 NAME: Change Addition
 3.3 STREET ADDRESS: Change Addition
 3.4 CITY-ST-ZIP: Change Addition

TITLE: DELETE
 NAME: DELETE
 STREET ADDRESS: DELETE
 CITY-ST-ZIP: DELETE

4.1 TITLE: Change Addition
 4.2 NAME: Change Addition
 4.3 STREET ADDRESS: Change Addition
 4.4 CITY-ST-ZIP: Change Addition

TITLE: DELETE
 NAME: DELETE
 STREET ADDRESS: DELETE
 CITY-ST-ZIP: DELETE

5.1 TITLE: Change Addition
 5.2 NAME: Change Addition
 5.3 STREET ADDRESS: Change Addition
 5.4 CITY-ST-ZIP: Change Addition

TITLE: DELETE
 NAME: DELETE
 STREET ADDRESS: DELETE
 CITY-ST-ZIP: DELETE

6.1 TITLE: Change Addition
 6.2 NAME: Change Addition
 6.3 STREET ADDRESS: Change Addition
 6.4 CITY-ST-ZIP: Change Addition

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.

SIGNATURE: Leslie A. Cook

7/7/98

CR2E034 (5/98)