## 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 #** P94000007484 (6)

D&BI	PROPERTIES OF LANTANA,	INC.							
Principal Place of Business Mailing Address						-  3 18041880) 410 18641 01844 88446 88441 88441 88441	1 <b>3</b> 111 1 <b>30</b> 11 <b>0100</b> 1 1 <b>0</b> 1	IN THE HOL	
123 EAST COAST AVE. 123 EAST COAST AVE.									
LANTANA FL 33462 LANTANA FL 33462						DO NOT WRITE IN TH	IC CDACE		
US US						3. Date incorporated or Qualified	IS SPACE		
						•			
2. Principal Place of Business 2a. Mailing Addre						01/21/1994 4. FEI Number	Ar	oplied For	
21		26				65-0464751	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	\$8.75 Additional		
22		27				5. Certificate of Status Desired	Fee R	equired	
City & State		City & State			6. Election Campaign Financing		May Be		
23		28			Trust Fund Contribution		to Fees		
Zip	Country	Zip		untry		8. This corporation owes or has paid the		tangible No	
24	9. Name and Address of Curren	1 Posistered Agent	30	1		Personal Property Tax due June 30.  10. Name and Address of New Registers			
		i nogistereo Agent		B1	Name	(B) Hame and Addiese of North Inspirator	, a regular		
	ncan, Eugene Beast Coast ave								
			82 Street Address (P.O. Box Number is Not Acceptable)				i		
LAI	ntana FL 33462			<b>B3</b>					
	•								
	•			84	City		85 Zip	Code	
office or r	to the provisions of Sections 607.0500 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida, Such change was a	urboriza	t vd he	named corp he corporati	oration submits this statement for the purposion's board of directors. I hereby accept the a	e of changing is appointment as	ts registered registered	
SIGNATURE	Signature typed or printed name of registered ages	ni and title if anningable (NOT)	Registore	nd Aneni	signature require	ed when reinstating) DAT		<del></del>	
12.	OFFICERS ANI		13.		organia regan	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12	
TITLE	D	DELETE	1.1 TITLE		"		Change	Addition	
NAME	BURKHALTER, RONNIE		1.2 N	1.2 NAME					
STREET ADDRESS 660 CINDY CIR LN			1.3 S	TREET A	DDRESS				
CITY - ST - ZIP	WEST PALM BEACH FL 3341	4	1.4 CITY-ST-ZIP		ZIP				
TITLE	Э	DELETE	2.1 Ti	ITLE			Change	Addition	
NAME	EUGENE DUNCAN	ı	2.2 NAME						
STREET ADDRESS	689 NE 6 CT-		2.3 \$	TREET A	DDRESS			ļ	
CITY - ST - ZIP	BOYNTON BCH,		2. 4 CITY-ST-ZIP		- ZIP				
TITLE		☐ DELETE	3 1 TITLE				L. Change	L_] Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STRE		1				
CITY-ST-ZIP		T progre	3.4. CITY-		- ZIP		Change	Addition	
TITLE		L∐ D€LETE	4.1 TITLE		-		L. Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET		l				
CITY-ST-ZIP		DELETE	4.4 CITY-		ZIP		Change	Addition	
TITLE		☐ DELETE	5.1 TITLE				L change	L Addition	
NAME				5.2 NAME					
STREET ADDRESS	s			5.3 STREET ADDRESS					
CITY-ST-ZIP	Decem			5.4 CITY-ST-ZIP			Change	Addition	
TITLE	<del></del>			6.1 TITLE			L change	T1 Vanition	
NAME			6.2 NAME 6.3 STREET ADDRESS						
STREET ADDRESS	RESS		6.3 S	STREET A	DDHESS				

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 applications.

3 5 98 (561) 533-544

**FILED** 

Mar 26 1998 8:00am

Secretary of State