FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000021385 (7)

FDN PROPERTY MANAGEMENT, INC.

Principal Place of Business Mailing Address 6865 SW 18TH ST 6865 SW 18TH ST BOCA RATON FL 33433 BOCA RATON FL 33433 US US 2. Principal Place of Business 2a. Mailing Address 26

Jan 21 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualified

03/17/1994 4. FEI Number

65-0476773

22 Suite, Apr.	#, etc.		 -	Strite, Apr. #, etc.				5. Certificate of Sta	tus Desired			Additional equired		
City & State				City & State				6. Election Campai	gn Financing	1	\$5.00	May Be		
23			28	28				Trust Fund Cont	ribution			to Fees		
Zip	_ '			ZIp Co.		У		8. This corporation	owes or has pai	the cu	rrent year In	tangible		
24				29 30			Personal Property Tax due June 30			-	·			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent							
NAUILIO, FRANK							FV	rank Na:	vilio	1		,		
6865 SW 18TH ST						Street A	Addres	s (P.O. Box Number	is Not Acceptabl	e).				
#10														
BOCA RATON FL 33433						83								
							84 City					85 Zip Code		
							<u> </u>					FL S COS		
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 / 2 - YMYK NAVIO 110198														
Signature, hyped or printed name of registered agent and bits it applicable. (NOTE: Registered Agent signature required when reinstating) DATE														
12.					13.			ADDITIONS/CHAP	NGES TO OFFICE	HS ANL	Change	Addition		
TITLE	•	DANIEL		T DEFEIE	1.1 TITLE 1.2 NAME						L Change			
NAME	10111010101											ł		
STREET ADDRESS						T ADDRESS								
CITY-ST-ZIP						ST-ZIP					Change	Addition		
TITLE	DV	EDALE/		ET DEFEIG	2.1 TITLE	1				1	∐ Change	L. Addition		
NAME		, FRANK			2.2 NAME					1				
STREET ADDRESS		V 18TH ST #10				T ADDRESS						i		
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NAME					3.2 NAME	1				1	O.m.190			
						T ADDRESS						į		
STREET ADDRESS					3.4. CITY-							i		
CITY-ST-ZIP TITLE	DELETE 4.1)					S1-4P					Change	Addition		
NAME					4. 2 NAME	1				Ţ				
STREET ADDRESS					4.3 STREET	ADDDESS				i				
CITY-ST-ZIP					4.4 CITY-S	1						ì		
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NAME					5.2 NAME	}				;				
STREET ADDRESS					5.3 STREET	ADDRESS				!		1		
CITY-ST-ZIP					5.4 CITY - S	1				i		}		
TITLE				DELETE	6.1 TITLE					1	Change	Addition		
NAME					6.2 NAME	\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\					-	}		
STREET ADDRESS					6.3 STREET	ADDRESS				i		ł		
CITY-ST-ZIP					6.4 CITY - S	1				1		\		
14. I hereby ca	ertify that the	e information supplied wi	n this filing o	loes not qualify for	the exemp	tion stated	i in Sec	ction 119.07(3)(i), Flo	rida Statutes. I fu	rther ce	rtify that the	information		
indicated o	nn this annua	al report or supplemental e corporation or the rece	annual repo	rt is true and accus	rate and th	at my sign:	ature s	hall have the same is	egal effect as if n	nadė una	der oath: tha	ntfarman I		
Block 12 o	r Block 13 if	changed, or on an attac	hment with a	n address.		.,		>			*			