

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 # P94000080640 (3)

1. Corporation Name

MANATEE PROPERTY SERVICES, INC.

Principal Place of Business

6398 NW 23RD STREET
MARGATE FL 33063

Mailing Address

6398 NW 23RD STREET
MARGATE FL 33063

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DE HART, DONALD R
6398 NW 23RD STREET
MARGATE FL 33063

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	NAME	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6398 NW 23RD. ST.	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
CITY-ST-ZIP	MARGATE FL	
TITLE	NAME	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald R. De Hart*

DONALD R. DE HART

APR 26 1998

(954)974-0904

CR2E034 (10/97)