

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 # P95000057496 (8)

1. Corporation Name

F. Z. F. PROPERTIES, INC.

Principal Place of Business

592 MARSH LANDING PKWY
JACKSONVILLE BEACH FL 32250
US

Mailing Address

1601 UNIVERSITY BLVD N
JACKSONVILLE FL 32211
US

FILED
Jan 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/25/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3334873	
25 Country		29 Country		30	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FRIEDMAN, MICHAEL 11653 MANDARIN FOREST DR JACKSONVILLE FL 32223				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	FRIEDMAN, GERALD	1.2 NAME	
STREET ADDRESS	11653 MANDARIN FOREST DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32223	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	FRIEDMAN, MICHAEL	2.2 NAME	
STREET ADDRESS	11653 MANDARIN FOREST DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32223	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	FRIEDMAN, SCOTT	3.2 NAME	
STREET ADDRESS	11653 MANDARIN FOREST DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32223	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	ZIPPER, KEITH	4.2 NAME	
STREET ADDRESS	11653 MANDARIN FOREST DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32223	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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

[Signature]

REQUIRED

1/8/98

(904) 744-6611

CR2E034 (10/97)