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 # P95000097138 (8)

ALLSTATE PROPERTIES AND INVESTMENTS, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address			T (MATISAN) 14M COTOS MINES AND IN MATER CONST. MONTH	18111 18801 11880 11881 1011 1881
943 US HWY 41 & INVERNESS FL 34450		943 US HWY 41 S Inverness FL 34450		DO NOT WRITE IN THIS SPACE		
-					3. Date Incorporated or Qualified	
					01/01/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26 3985 S. Placid Aver			59-3353064	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		2 Floring Operation Floring	Fee Required	
23		28 INVERNESS, FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes or has paid the		
24	25	29 34452	30	: YRUS	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent
HOCHADEL, KATHY J 81 Name						
943 US HWY 41 S			-	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	······································
INV	ERNESS FL 34450		L			
				83		
			ŀ	84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
						* L
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 hand of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	Signature, typed or printed name of registered age OFFICERS ANI		13.	Agent signature requir	ADDITIONS/CHANGES TO OFFICERS A	·
TITLE	D	DELETE	1.1 T/T	IF .	ADDITIONO OF THE LEGIST	
NAME	HOCHADEL, KATHY J		1.2 NA			Change Addition
STREET ADDRESS	943 US HWY 41 S			REET ADDRESS 3	1985 S. Placid 1	que.
CITY-ST-ZIP	INVERNESS FL 34450			Y-ST-ZIP	1985 S. Placid I	UU52
TITLE		DELETE	2.1 TIT	LĒ		Change Addition
NAME			2.2 NA	ME]		
STREET ADDRESS			2.3 STF	REET ADDRESS		
CITY-ST-ZIP			2. 4 CI	TY-ST-ZIP	34 F4,	
TITLE		☐ DELETE	3.1 TIT	LE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 STI	REET ADDRESS		
CITY-ST-ZIP				IY-SI-ZIP		
TITLE		☐ DELETE	4.1 TIT	LE		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STF	REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	5.1 TIT			Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STI	REET ADDRESS		
CITY-ST-ZIP		. Dorger		Y-ST-ZIP		The same state of the same sta
TITLE		. DELETE	6.1 TIT			Change Addition
NAME			6.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	O	

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 informatic 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 required 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, of on an attachment with an addless.