

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

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000018641 (6)

1. Corporation Name
PROPERTY CONSULTING, INC.

Principal Place of Business

Mailing Address

162 E. HWY 434
LONGWOOD FL 32750
US

230 NORTH PARK AVENUE
SANFORD FL 32771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 840 WATERWAY PL.	26 840 WATERWAY PL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 LONGWOOD FL	28 LONGWOOD FL
Zip	Zip
24 32750	29 32750
Country	Country
25 US	30 US

3. Date Incorporated or Qualified
02/27/1996
4. FEI Number
59-3369508
Applied For
Not Applicable
5. Certificate of Status Desired
<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution
<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HATTAWAY, JAMES A 230 NORTH PARK AVENUE SANFORD FL 32771	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	2 South Orange Ave
	83
	84 City
	Orlando
	FL
	85 Zip Code
	32802

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 JAMES A. HATTAWAY

4-3-98

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	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTAWAY, JAMES M	1.2 NAME	
STREET ADDRESS	162 EAST HIGHWAY 434	1.3 STREET ADDRESS	840 WATERWAY PLACE
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	LONGWOOD FL 32750
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 report is true and correct, or 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 correct, 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 (checked), or on an attachment with an address.

SIGNATURE 4-3-98 162 E. HWY 434

CR2E034 (10/97)