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

	JMENT # P9600 COMMUNITIES, INC.	00049552 (8)		
Principal Pi	lace of Business	Mailing Address		
·		P O BOX 369		
	PRINGS FL 34133	BONITA SPRINGS FL-8990	5 9-0369	DO NOT WRITE IN THIS SPACE
U\$				3, Date Incorporated or Qualified
				06/10/1996
2. Principa	I Place of Business	2a. Mailing Address	***	4, FEI Number Applied For
21		26 P.O. BOX	369	65-0669355 Not Applicable
├ ── ` '	pt. #, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired \$8.75 Additional
City & St	dalo.	27 State		Fee Required
23	iaio	TOUT TASE	PRINKS 71	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	7ip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 34/33	30 USA	Personal Property Tax due June 30. X Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent
	RDMAN, GREGORY A		81 Name	
	575 BONITA BEACH RD		82 Street Act	dress (P.O. Box Number is Not Acceptable)
ช	BONITA SPRINGS FL 34134		83	645 DON 1711 DEHCH IND
				JUITE 73
			84 City	100 11/65 EI 85 20 COOR
11. Pursua:	nt to the provisions of Sections 607.0	0502 and 607.1508, Florida Statute	es, the above-named co	proporation submits this statement for the purpose of changing its registered
office o	or <mark>register</mark> ed agent, or both, in the St I am familiar with, and accept the ot	ate of Florida, Such change was a	authorized by the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
		ingentions of ocoster sortoods, i.e.	mua statutes.	
SIGNATUR	F			
SIGNATURE	Signature, typed or printed name of registered		Registered Agent signature req	· · · · · · · · · · · · · · · · · · ·
12.	Signature, typed or printed name of registered OF F1CERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TOTLE	Signature, typed or printed name of registered OF FICERS		13. 1.1 TITLE	· · · · · · · · · · · · · · · · · · ·
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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 on 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 do an attachment with an address.

CIGNATURE

my Adam

4-21-98

(941) 997-8837

FILED

May 15 1998 8:00am

Secretary of State