

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

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000063944 (8)

1. Corporation Name  
FORTUNE PROPERTY SERVICES, INC.



Principal Place of Business  
P O BOX 58014  
ST PETERSBURG FL 33715

Mailing Address  
P O BOX 58014  
ST PETERSBURG FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/29/1996

4. FEI Number  
59-3393645

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21 4717 49th Street N  
22 Suite, Apt. #, etc.

2a. Mailing Address  
26 933 Monte Cristo Blvd  
27 Suite, Apt. #, etc.

23 City & State  
St Petersburg FL  
24 Zip 33709  
25 Country US

28 City & State  
St Petersburg FL  
29 Zip 33715  
30 Country US

9. Name and Address of Current Registered Agent

FORTUNE, MARCIA K  
4717 49TH ST N  
ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name Marcia K. Fortune  
82 Street Address (P.O. Box Number is Not Acceptable) 933 Monte Cristo Blvd.  
83  
84 City St Petersburg FL 85 Zip Code 33715

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 *Marcia K. Fortune* Marcia K. Fortune DATE 4-20-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	FORTUNE, MARCIA K	
STREET ADDRESS	P O BOX 58014	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	marcia K. Fortune
1.3 STREET ADDRESS	933 Monte Cristo Blvd
1.4 CITY-ST-ZIP	St. Petersburg FL 33715
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Marcia K. Fortune* Marcia K. Fortune DATE 4-20-98 (813)864-4182

CR2E034 (10/97)