

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

FILED
May 14 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 # P96000084908 (8)
 1. Corporation Name
ESTATES DEVELOPMENT OF PV, INC.



Principal Place of Business 8551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256 US	Mailing Address 8551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256 US
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
10/14/1996

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number
59-3408362 Applied For Not Applicable

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

9. Name and Address of Current Registered Agent
**STOKES, E. CHESTER JR
 9551 BAYMEADOWS RD
 SUITE 4
 JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input type="checkbox"/>
NAME	STOKES, E. CHESTER JR	
STREET ADDRESS	9551 BAYMEADOWS RD #4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DV	<input type="checkbox"/>
NAME	BERGMANN, THOMAS C	
STREET ADDRESS	9551 BAYMEADOWS RD #4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input type="checkbox"/>
NAME	BRAREN, MICHAEL E	
STREET ADDRESS	9551 BAYMEADOWS RD #4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	T	<input type="checkbox"/>
NAME	FREDENHAGEN, SHARON W	
STREET ADDRESS	9551 BAYMEADOWS RD #4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	S	<input type="checkbox"/>
NAME	HICE, SHERRY	
STREET ADDRESS	9551 BAYMEADOWS RD #4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	WALLACE, L DENISE		
6.3 STREET ADDRESS	9551 BAYMEADOWS RD #4		
6.4 CITY-ST-ZIP	JACKSONVILLE FL 32256		

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 _____ Sherry Hice 4/15/98 904-720-2210

CR2E034 (10/97)