

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

FILED
Mar 05 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 # P96000088442 (4)

1. Corporation Name

CORRAL SOUTH STORE 4, INC.

Principal Place of Business

11801 56TH ST N
TEMPLE TERRACE FL 33617
US

Mailing Address

2665 OAK RIDGE CT
FT MYES FL 33901
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	11801 56th St N	26	2665 Oak Ridge Court
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	Temple Terrace, FL	28	Fort Myers, FL
24	Zip 33617	29	Zip 33901
25	Country U.S.	30	Country U.S.

3. Date Incorporated or Qualified	
10/24/1996	
4. FEI Number	Applied For
65-0705138	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, DAVID C MD 2665 OAK RIDGE COURT FT MYERS FL 33901				81	Name		
				82	Street Address (P.O. Box Number Is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DAVID C	1.2 NAME	
STREET ADDRESS	2665 OAK RIDGE COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYES FL 33901	1.4 CITY-ST-ZIP	
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 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:

David Brown

2-24-98

941-275-3411

CR2E034 (10/97)