

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 30 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 # P96000104015 (8)

1. Corporation Name
 K & D PROPERTIES, INC.



Principal Place of Business Mailing Address
 TALL PINES MOBILE HOME COMMUNITY TALL PINES MOBILE HOME COMMUNITY
 314 S ERIE DR 314 S ERIE DR
 FT PIERCE FL 34946 FT PIERCE FL 34946

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
 01/01/1997
 4. FEI Number Applied For
 05-0760098 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
 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS ST
 TALLAHASSEE FL 32301

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 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
 TITLE Vice President
 NAME GEORGE N. DANFORD, JR. [] DELETE
 STREET ADDRESS Box 4614
 CITY-ST-ZIP EAST LANSING MI 48228 V. Dan
 TITLE President
 NAME ERIC R. FINCHLAND [] DELETE
 STREET ADDRESS 1022 STONEGATE LN
 CITY-ST-ZIP EAST LANSING, MI 48223 [] DELETE
 TITLE [] DELETE
 NAME [] DELETE
 STREET ADDRESS [] DELETE
 CITY-ST-ZIP [] DELETE
 TITLE [] DELETE
 NAME [] DELETE
 STREET ADDRESS [] DELETE
 CITY-ST-ZIP [] DELETE
 TITLE [] DELETE
 NAME [] DELETE
 STREET ADDRESS [] DELETE
 CITY-ST-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

100002652791
 -09/30/98--01077--049
 ***550.00
 9/30

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 [Signature] DATE 9/15/98 5172271965

CR2E034 (5/98)