

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

**FILED**  
**Mar 12 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000007594 (9)**  
 1. Corporation Name  
**INVERNESS FARMS REALTY GROUP, INC.**



Principal Place of Business <b>574 LITTLE JOHN ROAD INVERNESS FL 34450</b>	Mailing Address <b>574 LITTLE JOHN ROAD INVERNESS FL 34450</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>574 Little John Road</b>	22	26 <b>574 Little John Rd</b>	27	<b>01/21/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
23 <b>Inverness Florida</b>		28 <b>Inverness Florida</b>		<b>59-3432214</b>	
24 <b>34450</b>	25 <b>CITRUS</b>	29 <b>34450</b>	30 <b>CITRUS</b>	Applied For	
City & State		City & State		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COUCH, RICHARD M</b> <b>574 LITTLE JOHN ROAD</b> <b>INVERNESS FL 34450</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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]* DATE: **MAR 9 1998**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>President/Secy</b>			1.2 NAME			
STREET ADDRESS	<b>Richard M. Couch</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>574 Little John Rd</b>			1.4 CITY-ST-ZIP			
	<b>Inverness FL 34450</b>			2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		2.2 NAME			
NAME				2.3 STREET ADDRESS			
STREET ADDRESS				2.4 CITY-ST-ZIP			
CITY-ST-ZIP				3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				3.2 NAME			
TITLE		<input type="checkbox"/> DELETE		3.3 STREET ADDRESS			
NAME				3.4 CITY-ST-ZIP			
STREET ADDRESS				4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP				4.2 NAME			
				4.3 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP			
NAME				5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				5.2 NAME			
CITY-ST-ZIP				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **MAR 9 1998** **352-344-8018**

CR2E034 (10/97)