

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

FILED
Apr 23 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 # P97000009422 (1)

1. Corporation Name

ARBOR INVESTMENTS, INC.



Principal Place of Business

Mailing Address

4800 WEST CYPRESS STREET
SUITE 451
TAMPA FL 33607

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SUITE 451
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt #, etc	26 Suite, Apt #, etc	01/30/1997	59-3427880	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	6. Election Campaign Financing	\$8.75 Additional Fee Required
23 Zip	28 Zip	Country	Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	30	7. 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

~~GLENDENING, J.W.~~
~~4800 WEST CYPRESS STREET~~
~~SUITE 451~~
~~TAMPA FL 33607~~

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
BENJAMIN FELDER	10575 - 68th AVE. N.	S. D-2	SEMINOLE	FL 33772

11. Pursuant to the provisions of Sections 607.05(12) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of individual being registered agent and title if applicable

(N/A) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	J.W. GLENDENING	1.2 NAME	
STREET ADDRESS	4600 W. CYPRESS ST. S. 451	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA, FL 33607	1.4 CITY - ST - ZIP	
TITLE	KIRBY L. MILLER	2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	TREASURER	2.2 NAME	
STREET ADDRESS	17920 SIMMS RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA, FL 33556	2.4 CITY - ST - ZIP	
TITLE	SECRETARY	3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	PEGGY MILLER	3.2 NAME	
STREET ADDRESS	17920 SIMMS RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA, FL 33556	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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



4-15-98 813-2

CR2E034 (10/97)