

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).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000017569 (9)**
1. Corporation Name

MASON-PHILLIPS PROPERTIES OF FLORIDA IV, INC.

Principal Place of Business
2320 S. THIRD ST. #11
472 OSCEOLA AVENUE, SOUTH
JACKSONVILLE BEACH FL 32250

Mailing Address
472 OSCEOLA AVENUE, SOUTH
JACKSONVILLE BEACH FL 32250

APPROVED
AND
FILED
98 DEC 30 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/21/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3516438	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	
				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARTMAN, CHARLES E				81 Name			
472 OSCEOLA AVENUE, SOUTH 2320 S. THIRD ST. #11				82 Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE BEACH FL 32250				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 Charles E. Hartman DATE 12-28-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PRES.	VANESSA HARTMAN	2320 S. THIRD ST. #11				
		JACKSONVILLE, BEACH, FL 32250					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	V.P.	CHARLES E. HARTMAN	2320 S. THIRD ST. #11				
		JACKSONVILLE BEACH, FL 32250					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	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: Charles E. Hartman DATE: 12-8-98 DAYTIME PHONE #: 904/270-1042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006335

CR2E034 (5/98)