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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000037299 (9)

REGENERATION PROPERTIES INCORPORATED

FILED May 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 18366 JUPITER LANDINGS DR 18366 JUPITER LANDINGS OR JUPITER FL 33458 JUPITER FL 33458 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/23/1997 2. Principal Place of Business 2a. Mailing Address 700 4105. Coxahatcher Us Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required ity & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent TAYLOR, KEITH R 316 BANYAN BLVD Street Address (P.O. Box Number is Not Acceptable) 82 **WEST PALM BEAC FL 33402** 83 84 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. Hendricks John D. of tege lered agent and ble it applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE residen Change TITLE 1.1170.6 NAME ORENDER, KENNETH G 1.2 NAME Coxahatchee STREET ADDRESS **18366 JUPITER LANDINGS DR** 1.3 STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Vice Plesident NAME HENDRICKS, JOHN D 2.2 NAME STREET ADDRESS 410 S LOXAHATCHEE DR 2.3 STREET ADDRESS JUPITER FL 33458 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - 7IP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE Change Addition TITLE 6.1 1171.6 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CUY-ST-7/P 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 attachinent with an address.