


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

FILED  
Feb 18 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 # **P97000052295 (7)**

1. Corporation Name  
**TUTEN PROPERTIES, INC.**



Principal Place of Business <b>2457 S.W. 18 COURT OKEECHOBEE FL 34974</b>	Mailing Address <b>2457 S.W. 18 COURT OKEECHOBEE FL 34974</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/12/1997**

2. Principal Place of Business <b>21 765 N.E. 2 AVENUE</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P. O. BOX 1537</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0752907</b>	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State <b>OKEECHOBEE, FL</b>	28 City & State <b>OKEECHOBEE, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>34972</b>	25 Country <b>OKEECHOBEE</b>	29 Zip <b>34973-1537</b>	30 Country <b>OKEECHOBEE</b>
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			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

<b>TUTEN, MARY ANN 2457 S.W. 18 COURT OKEECHOBEE FL 34974</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>DPST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TUTEN, MARY ANN</b>		1.2 NAME <b>TUTEN, MARY ANN</b>	
STREET ADDRESS <b>2457 S.W. 18 COURT</b>		1.3 STREET ADDRESS <b>2457 S.W. 18 COURT</b>	
CITY-ST-ZIP <b>OKEECHOBEE FL 34974</b>		1.4 CITY-ST-ZIP <b>OKEECHOBEE, FL 34974</b>	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>TUTEN, TROY THOMAS</b>		2.2 NAME <b>TUTEN, TROY THOMAS</b>	
STREET ADDRESS <b>2457 S.W. 18 COURT</b>		2.3 STREET ADDRESS <b>2457 S.W. 18 COURT</b>	
CITY-ST-ZIP <b>OKEECHOBEE, FL 34974</b>		2.4 CITY-ST-ZIP <b>OKEECHOBEE, FL 34974</b>	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE:

*Mary Ann Tuten*

02/13/98 (941) 713-5009

CR2E034 (10/97)