

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

FILED
May 21 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 # P97000067668 (8)
 1. Corporation Name
RHN COMMUNITIES, INC.



Principal Place of Business 4500 US HWY #92 E SUITE 1030 SALES OFFICE - LAKELAND FL 33801	Mailing Address 4500 US HWY #92 E SUITE 1030 SALES OFFICE - LAKELAND FL 33801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite 1030	22 Suite, Apt. #, etc.	26 Suite 1030	27 Suite, Apt. #, etc.	08/01/1997	
23 City & State	24 Zip	28 City & State	29 Zip	4. FEI Number	
	25 Country		30 Country	59-3460092	
g. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/>	
MURPHY, RONALD T 5015 S FLORIDA AVE SUITE 310 LAKELAND FL 33813				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				\$5.00 May Be Added to Fees	

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MURPHY, RONALD T 5015 S FLORIDA AVE SUITE 310 LAKELAND FL 33813				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, RANDALL L	1.2 NAME	
STREET ADDRESS	17 CASARENA CT NW	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, MARVIN J	2.2 NAME	
STREET ADDRESS	2003 SHORELAND DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WNEK, MICHAEL E	3.2 NAME	
STREET ADDRESS	526 HILLSIDE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, BYERS P	4.2 NAME	
STREET ADDRESS	4429 ARLINGTON PARK DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAPP, DONALD O	5.2 NAME	
STREET ADDRESS	4500 HWY 92 E SUITE 1030 CLUB HOUSE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, MARVIN	6.2 NAME	
STREET ADDRESS	4500 HWY 92 E SUITE 1030 CLUB HOUSE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	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: *[Handwritten Signature]* _____

CP2E034 (10/97)