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Secretary of State

03-01-1999 90132 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000041170 1. Corporation Name MILTON GROUP PROPERTIES, INC.			
Principal Place of Business THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI FL 33131		Mailing Address THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI FL 33131	
2. Principal Place of Business 21 Savage, Krim & Simons, P.A. Suite, Apt. #, etc. 22 121 NW 3 Street City & State 23 Ocala, Florida Zip 24 34475		2a. Mailing Address 26 Savage, Krim & Simons, P.A. Suite, Apt. #, etc. 27 121 NW 3 Street City & State 28 Ocala, Florida Zip 29 34475	
9. Name and Address of Current Registered Agent DANIELS, NICHOLAS M THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE #2400 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name Gary C. Simons 82 Street Address (P.O. Box Number is Not Acceptable) Savage, Krim & Simons, P.A. 83 121 NW 3 Street 84 City Ocala FL 85 Zip Code 34475	
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 <i>[Signature]</i> DATE 1-26-99 <small>Signature typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME RUBIN, JAY STREET ADDRESS 6690 S.W. 18 TERRACE ROAD CITY-ST-ZIP OCALA FL 34476	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME RUBIN, JANET STREET ADDRESS 9855A SW 89 TERRACE CITY-ST-ZIP OCALA FL 34481	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99 **352-237-1136**
 Date Daytime Phone #

CR2E034 (1/98)