


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90105 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000060415
 1. Corporation Name
CPR PROPERTIES, INC.

Principal Place of Business 1381 AYERSWOOD COURT WINTER SPRINGS FL 32708	Mailing Address 1381 AYERSWOOD COURT WINTER SPRINGS FL 32708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 300 N. PARK AVE. Suite, Apt. #, etc. 22 SUITE 201 City & State 23 WINTER PARK, FL Zip 24 32789 Country 25 USA	2a. Mailing Address 26 P.O. BOX 215 Suite, Apt. #, etc. 27 City & State 28 WINTER PARK, FL Zip 29 32790 Country 30 USA
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3. Date incorporated or Qualified 07/06/1998	4. FEI Number 59-3520120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
ZANER, PIET A
1381 AYERSWOOD COURT
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent
 81 Name **CRAGER, ROBERT J. II**
 82 Street Address (P.O. Box Number is Not Acceptable)
5018 MORTIER AVE.
 83
 84 City **ORLANDO** FL 85 Zip Code **32812**

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 *Piet A Zaner* (NOTE: Registered Agent signature required when reinstating) DATE **4/26/99**

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, COLIN E	
STREET ADDRESS	10203 BLANCHARD PARK TRAIL	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	ZANER, PIET A	
STREET ADDRESS	1381 AYERSWOOD COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CRAGER, ROBERT J	
STREET ADDRESS	5018 MORTIER AVE	
CITY-ST-ZIP	ORLANDO FL 32708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CRAGER, ROBERT J. II	
3.3 STREET ADDRESS	5018 MORTIER AVE.	
3.4 CITY-ST-ZIP	ORLANDO, FL 32812	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Piet A Zaner* SIGNATURE REQUIRED DATE: **4/26/99** Daytime Phone #

CR2E034 (1/98)