

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Jun 08, 2000 8:00 am Secretary of State

06-08-2000 90010 037 ***150.00

DOCUMENT # P98000099048

1. Corporation Name EDEN PROPERTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

6542 LAS FLORES DRIVE BOCA RATON FL

P O BOX 272298 BOCA RATON FL 33427-2298

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/23/1998

2. Principal Place of Business

2a. Mailing Address

21 6300 VIA TIERRA Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number 65-0878008

Applied For Not Applicable

22 BOCA RATON FL. City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 33433 Zip

28 Zip

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Country 25

29 Country 30

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REILLY, CHRISTINE 6542 LAS FLORES DRIVE BOCA RATON FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6300 VIA TIERRA

84 City BOCA RATON

85 FL

Zip Code 33433

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 D DELETE NAME REILLY, CHRISTINE STREET ADDRESS 6542 LAS FLORES DRIVE CITY-ST-ZIP BOCA RATON FL

1.1 TITLE Change Addition 1.2 NAME 1.3 STREET ADDRESS 6300 VIA TIERRA, BOCA RATON FL 33433 1.4 CITY-ST-ZIP

TITLE D DELETE NAME AYTON, MARLEEN STREET ADDRESS 6542 LAS FLORES DRIVE CITY-ST-ZIP BOCA RATON FL

2.1 TITLE Change Addition 2.2 NAME 2.3 STREET ADDRESS 6300 VIA TIERRA BOCA RATON, FL 33433 2.4 CITY-ST-ZIP

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE Change Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE Change Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE DELETE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

561-470-0210

Date

Daytime Phone #

CR 024-1-1183