

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**  
**AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).**

6125

AMENDED PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 98 SEP 29 PM 3:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT #**  
 1. Corporation Name **Agape Property Management, Inc.**  
 2. Principal Place of Business **2170 S.R. 434 West #330 Longwood, FL 32779**

3. Date Incorporated or Qualified **2/5/1991**

4. FEI Number **59-3047066**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**James F. Heekin, Jr.**  
**215 N. Eola Drive**  
**Orlando, FL 32801**

10. Name and Address of New Registered Agent  
**Marilyn Campbell**  
**1135 Pisgah Drive**  
**Altamonte Springs FL 32714**

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 accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Marilyn Campbell* **Marilyn Campbell** DATE: **9/28/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDST</b> <input checked="" type="checkbox"/> DELETE	11 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Donald J. Hachenberger</b>	12 NAME	<b>Marilyn Campbell</b>
STREET ADDRESS	<b>2170 S.R. 434 West, Suite 330</b>	13 STREET ADDRESS	<b>1135 Pisgah Drive</b>
CITY-STATE-ZIP	<b>Longwood, FL 32779</b>	14 CITY-STATE-ZIP	<b>Altamonte Springs, FL 32714</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	21 TITLE	<b>S. &amp; Tres.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Marilyn Campbell</b>	22 NAME	<b>Doris Ryan</b>
STREET ADDRESS		23 STREET ADDRESS	<b>114 Juniper Lane</b>
CITY-STATE-ZIP		24 CITY-STATE-ZIP	<b>Longwood, FL 32779</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I, the signatory, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information made available 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. If I am an officer or a 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: *Marilyn Campbell* **Marilyn Campbell** DATE: **9/28/98**

CR2E034 (5/98)