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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$81359

(Q)

FILED Jul 08 1998 8:00am Secretary of State

	E PROPERTIES, INC.				
Principal Place		Mailing Address			1811 81811 81811 61811 81811 1441
49 & 51 KIND		14 PALM RD	,		
STUART FL 3	M394	STUART FL 34996	1	DO NOT WRITE IN	I THIS SPACE
-				3. Date Incorporated or Qualified	
				09/19/1991	
2. Principal P	lace of Business	2a. Mailing Addres	SS	4. FEI Number	Applied For
21		26		65-0288122	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.	5. Certificate of Status Desired	\$8.75 Additional
22		27	- <u>-</u>		Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28] Zip	Country	Trust Fund Contribution	Added to Fees
24	<u></u>	F-7 '	30	8. This corporation owes or has paid Personal Property Tax due June 30	
24	25 9. Name and Address of Curre	29 ent Registered Agent		10. Name and Address of New Regis	
CH	NLDS, ROY		81 Name		
	15 \$ INDIAN RIVER DR		20 0		
	PIERCE FL 39450		82 Street A	ddress (P.O. Box Number is Not Acceptable))
• • •			63		
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 607.1508, Florida	Statutes, the above-named of	corporation submits this statement for the pur	pose of changing its registered
SIGNATURE	IN. My Childre		u koy	•	1-1-48
SIGNATURE	Signature, typed or product mane of registered a	gent and title if applicable	(NO) E Registered Agent signature in	CALUS' equired when reinstating)	7-1-4 8 DATE
SIGNATURE	Signature, typed or product mane of registered a	gent and title if applicable ND DIRECTORS	(NOTE Registered Agent signature in	Muas	DATE RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, systed or professional distance of requisiting at A	gent and title if applicable	(NOTE Registered Agent signature in 13. TE 1.1 HTLE	CALUS' equired when reinstating)	7-1-4 8 DATE
SIGNATURE 12. TITLE NAME	Signature, typed or privid manne of registered a OFFICERS AI	gent and life if applicable ND DIRECTORS DHE	(NOTE Registered Agent signature is 13. TE 1.1 TITLE 12 NAME	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, based or public amore of required a OFF ICERS AI PD CHILDS, ROY	gent and life if applicable ND DIRECTORS DHE	(NOTE Registered Agent signature in 13. TE 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, byted or public name of registered a OFFICERS AI PD CHILDS, ROY 2715 S INDIAN RIVER DR	gent and life if applicable ND DIRECTORS DHE	(NOTE Registered Agent signature is 13. TE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Squature, by ed or public name of required a OFF ICERS AI PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL	ogent and this if applicable ND DIRECTORS DELE	(NOTE Registered Agent signature in 13. TE 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Squature, by ed or public name of required a OFF ICERS AI PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL	ogent and this if applicable ND DIRECTORS DELE	(NO) E Registered Agent signature in 13. TE 1.1 HTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SY-ZIP TE 2.1 HILE	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, by ed or pully a name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY	ogent and this if applicable ND DIRECTORS DELE	(NO) E Registered Agent signature in 13. TE 1.1 HTLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.1 HTLE 22 NAME	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, by ed or public name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY 14 PALM ROAD	ogent and this if applicable ND DIRECTORS DELE	(NOTE Registered Agent signature in 13. TE 1.1 HTLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.1 HTLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, by ed or public name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY 14 PALM ROAD	gent and the if applicable NO DIRECTORS DELE	(NOTE Registered Agent signature in 13. TE 1.1 HTLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.1 HTLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, by ed or public name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY 14 PALM ROAD	gent and the if applicable NO DIRECTORS DELE	(NOTE Registered Agent signature in 13. TE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TE 3.1 TITLE	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, by ed or public name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY 14 PALM ROAD	gent and the if applicable ND DIRECTORS DELE	(NOTE Registered Agent signature in 13. TE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, by ed or public name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY 14 PALM ROAD	gent and the if applicable NO DIRECTORS DELE	(NOTE Registered Agent signature in 13. TE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, by ed or public name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY 14 PALM ROAD	gent and the if applicable ND DIRECTORS DELE	(NOTE Registered Agent signature in 13. TE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	Signature, by ed or public name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY 14 PALM ROAD	gent and the if applicable ND DIRECTORS DELE	(NOTE Registered Agent signature in 13. TE 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIYLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, by ed or public name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY 14 PALM ROAD	pgent and the if applicable ND DIRECTORS DELE DELE	(NOTE Registered Agent signature in 13. TE 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, by ed or public name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY 14 PALM ROAD	gent and the if applicable ND DIRECTORS DELE	(NOTE Registered Agent signature in 13. TE 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, by ed or public name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY 14 PALM ROAD	pgent and the if applicable ND DIRECTORS DELE DELE	(NOTE Registered Agent signature in 13. TE 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, by ed or public name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY 14 PALM ROAD	pgent and the if applicable ND DIRECTORS DELE DELE	(NOTE Registered Agent signabure in 13. TE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TE 5.1 TITLE	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, by ed or public name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY 14 PALM ROAD	DELE	(NOTE Registered Agent signablue in 13. TE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, by ed or public name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY 14 PALM ROAD	pgent and the if applicable ND DIRECTORS DELE DELE	(NOTE Registered Agent signablue in 13. TE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, by ed or public name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY 14 PALM ROAD	DELE	(NOTE Registered Agent signabuse is 13. TE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP TE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, by ed or public name of requirement at OFF ICERS AT PD CHILDS, ROY 2715 S INDIAN RIVER DR FT. PIERCE FL VP MCGLYNN, TIMOTHY 14 PALM ROAD	DELE	13. 13. 14. 14. 14. 15. 15. 16.	CALUS' equired when reinstating)	DATE RS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition

indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied 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.

541-286-2413