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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V11225 (2)

1. Corporation Name  
CONSOLIDATED PROPERTIES OF OCALA, INC.

Principal Place of Business  
207 N. MAGNOLIA AVE.  
OCALA FL 34470  
US

Mailing Address  
P O BOX 3961  
OCALA FL 34478-3961  
US

3. Date Incorporated or Qualified 01/16/1992  
3a. Date of Last Report 04/26/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3144555		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29		30	

9. Name and Address of Current Registered Agent

TRENTELMAN, JOHN C.  
207 N. MAGNOLIA AVE.  
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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	VP	11 TITLE	
NAME	ROBINSON, PAIGE	12 NAME	
STREET ADDRESS	1758 SE 5TH ST.	13 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	14 CITY - ST - ZIP	
TITLE	ST	21 TITLE	
NAME	CHARDAIN, ALAIN A.	22 NAME	
STREET ADDRESS	1101 SE 14TH TERR	23 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	24 CITY - ST - ZIP	
TITLE	DP	31 TITLE	
NAME	TRUMM, HOWARD W.	32 NAME	
STREET ADDRESS	1112 SE 15TH AVE.	33 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

ALAIN A. Chardain 2/20/97 (362) 351 2000

CR2E034 (9/96)