

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

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V64084** (9)
1. Corporation Name
GIANTS PROPERTY, INC.

Principal Place of Business PO BOX 14517 ST. PETERSBURG FL 33733	Mailing Address PO BOX 14517 ST. PETERSBURG FL 33733
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 333 THIRD AVE. N. Suite, Apt. #, etc. 22 City & State 23 ST. PETERSBURG FL Zip 24 33701		2a. Mailing Address 26 P.O. BOX 14517 Suite, Apt. #, etc. 27 City & State 28 ST. PETERSBURG, FL Zip 29 33701		3. Date Incorporated or Qualified 09/10/1992	
		4. FEI Number 59-3143014		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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent WINNER, HAROLD 5901 40TH STREET NORTH ST. PETERSBURG FL 33709		10. Name and Address of New Registered Agent 81 Name WINNER, HAROLD 82 Street Address (P.O. Box Number is Not Acceptable) 333 THIRD AVE N 83 84 City ST PETERSBURG FL 85 Zip Code 33701	
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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  Vice President **4/16/98** DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVAGE, NEIL W	1.2 NAME	
STREET ADDRESS	5901 40TH ST. N.	1.3 STREET ADDRESS	333 THIRD AVE N.
CITY-ST-ZIP	ST. PETERSBURG FL 33709	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINNER, HAROLD J	2.2 NAME	
STREET ADDRESS	5901 40TH ST. N.	2.3 STREET ADDRESS	333 THIRD AVE N.
CITY-ST-ZIP	ST. PETERSBURG FL 33709	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	STD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARDIN, PETER	3.2 NAME	
STREET ADDRESS	5901 40TH ST. N.	3.3 STREET ADDRESS	333 THIRD AVE N.
CITY-ST-ZIP	ST. PETERSBURG FL 33709	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  **4/16/98 813 824-8747**

CR2E034 (10/97)