

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUL -8 PM 2: 33

DOCUMENT # P97000040503 (9)

1. Corporation Name
IAFRATE FLORIDA PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
24600 SHERWOOD WARREN MI 48091		24600 SHERWOOD WARREN MI 48091	

3. Date Incorporated or Qualified	05/05/1997
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21. Principal Place of Business	22a. Mailing Address
21 26400 SHERWOOD Suite, Apt. #, etc.	26 26400 SHERWOOD Suite, Apt. #, etc.
22 City & State	27 City & State
23 WARREN MI	28 WARREN MI
24 Zip 48091	29 Zip 48091
25 Country	30 Country

4. FEI Number	Applied For
59-3440424	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. 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
HOMISCO INCORPORATION, INC. 222 LAKEVIEW AVENUE SUITE 800 WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/D DOMINIC IAFRATE
1.3 STREET ADDRESS	26400 SHERWOOD
1.4 CITY-ST-ZIP	WARREN MI 48091
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/S/D ANGELO E. IAFRATE
2.3 STREET ADDRESS	26400 SHERWOOD
2.4 CITY-ST-ZIP	WARREN, MI 48091
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CHRISTOPHER D. COLLEN
3.3 STREET ADDRESS	26400 SHERWOOD
3.4 CITY-ST-ZIP	WARREN, MI 48091
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T GEORGE EHM
4.3 STREET ADDRESS	26400 SHERWOOD
4.4 CITY-ST-ZIP	WARREN, MI 48091
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400002385514
5.3 STREET ADDRESS	-07/10/98-01077-014
5.4 CITY-ST-ZIP	****400.00 ****400.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE _____

CR2E034 (10/97)