SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 DEC 19 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 193121 (1)

1. Corporation Name
UNITED REALTY PROPERTY MANAGEMENT, INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
685 OLD TREE LINE TRIAL DELAND FL 32724 US	685 OLD TREE LINE TRAIL DELAND FL 32724 US

3. Date Incorporated or Qualified: 05/14/1956
3a. Date of Last Report: 04/04/1996
4. FEI Number: 59-0773906 (Applied For / 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. [X] Yes [ ] No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

HOWE (RONALD)
~~505 SOUTH SPRING GARDEN AVENUE~~
DELAND FL ~~33021~~ 685 OLD TREE LINE TR.
32724

10. Name and Address of New Registered Agent

81 Name: Howe, Ronald
82 Street Address (P.O. Box Number is Not Acceptable): 685 Old Tree Line Trail
83
84 City: Deland FL 85 Zip Code: 32724

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: Ronald Howe — 12/13/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	HOWE, RONALD H.	
STREET ADDRESS	685 OLD TREE LINE TRAIL	
CITY-ST-ZIP	DELAND FL	
TITLE	DS	[ ] DELETE
NAME	HOWE, PAULA J.	
STREET ADDRESS	685 OLD TREE LINE TRAIL	
CITY-ST-ZIP	DELAND FL	
TITLE	T	[ ] DELETE
NAME	HOWE, RICHARD	
STREET ADDRESS	1576 TWIN OAKS DRIVE	
CITY-ST-ZIP	DELAND FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

12-22-97

600002380[illegible]
-12/23/97--01033--025
****750.00 ****750.00

CR2E034 (4/97)

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 if changed, or on an attachment with an address.

SIGNATURE: Ronald Howe — 12/13/98