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FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # H87775 (3)
 1. Corporation Name
FLORIDA MIDDLE PROPERTIES, INC.



Principal Place of Business: 205 S. HOOVER STREET TAMPA FL 33609
 Mailing Address: 205 S. HOOVER STREET TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/03/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2623788	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
24		25		29	
				30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

HUGHEY, L.M.
 205 S. HOOVER STREET
 TAMPA FL 33609

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	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHEY, L.M.	1.2 NAME	
STREET ADDRESS	205 S HOOVER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMER, JD	2.2 NAME	
STREET ADDRESS	205 S HOOVER ST #400	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, SHIRLEY H.	3.2 NAME	
STREET ADDRESS	205 S. HOOVER STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWLINS, WAMITA M.	4.2 NAME	
STREET ADDRESS	205 S. HOOVER STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	VASD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNE, J. DANFORTH	5.2 NAME	
STREET ADDRESS	205 SOUTH HOOVER STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	V THATCHER, CAROLYN
STREET ADDRESS		6.3 STREET ADDRESS	205 S. HOOVER ST. #400
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TAMPA, FL 33609

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

[Signature] **REQUIRED**

1/29/98

(813) 286-2323

CR2E094 (10/97)