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

Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1) ADVANCED AGE REALTY, INC. Principal Place of Business Mailing Address % EVERARD A. DALEY % EVERARD A. DALEY 499 N SR 434 #2107 499 N SR 434 #2107 ALTAMONTE SPRINGS FL 32714-2170 ALTAMONTE SPRINGS FL 32714-2170 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 01/10/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2984020 21 26 Not Applicable Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Г٦ Added to Fees 28 Zip Country ZiD Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 30 24 25 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name DALEY, EVERARD A. 499 N SR 434 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 2107** ALTAMONTE SPRINGS FL 32714 83 City Zip Code 85 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 registried agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TiTLE DALEY, EVERARD A. NAME 1.2 NAME CR2E034 **6837 LIMPKIN DRIVE** STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY+ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4 1 TOTALE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY - S1- ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 City-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality 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 charged, or on an attackment with an address.

SIGNATURE:

FILED

4-13-98 407-862-6262