

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 08 1996 8:00 am
Secretary of State

DOCUMENT # P93000019178 (1)

1. Corporation Name

MONAHAN REALTY INVESTMENTS I, INC.



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| Principal Place of Business 419 ANASTASIA BLVD. ST. AUGUSTINE FL 32084 | Mailing Address 419 ANASTASIA BLVD. ST. AUGUSTINE FL 32084 |
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|---|--|
| 3. Date Incorporated or Qualified 03/08/1993 | 3a. Date of Last Report 04/04/1995 |
| 4. FEI Number 59-3168900 | 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21. Suite, Apt. #, etc 22. City & State 23. Zip 24. Country | 2a. Mailing Address 26. Suite, Apt. #, etc 27. City & State 28. Zip 29. Country |
|--|---|

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|--|---|
| 9. Name and Address of Current Registered Agent GAMSEY, DAVID S 1778 CASSAT AVENUE JACKSONVILLE FL 32210 | 10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---|
| TITLE PD | <input type="checkbox"/> DELETE | 11. TITLE MONAHAN, CLARK V | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MONAHAN, CLARK V | | 12. NAME | |
| STREET ADDRESS 419 ANASTASIA BLVD. | | 13. STREET ADDRESS | |
| CITY-ST-ZIP ST. AUGUSTINE FL | | 14. CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MONAHAN, BONNIE K | | 22. NAME | |
| STREET ADDRESS 419 ANASTASIA BLVD. | | 23. STREET ADDRESS | |
| CITY-ST-ZIP ST. AUGUSTINE FL 32084 | | 24. CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32. NAME | |
| STREET ADDRESS | | 33. STREET ADDRESS | |
| CITY-ST-ZIP | | 34. CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42. NAME | |
| STREET ADDRESS | | 43. STREET ADDRESS | |
| CITY-ST-ZIP | | 44. CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52. NAME | |
| STREET ADDRESS | | 53. STREET ADDRESS | |
| CITY-ST-ZIP | | 54. CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62. NAME | |
| STREET ADDRESS | | 63. STREET ADDRESS | |
| CITY-ST-ZIP | | 64. CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bonnie K. Monahan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/96 904-824-8353
Date Daytime Phone #

CR2E034 (3/96)