

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

FILED
Jun 05 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 # P95000091706 (8)

1. Corporation Name:
MONTAGUE PROPERTIES, INC.



Principal Place of Business: **1101 BRICKELL AVE. SUITE 1400 MIAMI FL 33131**
 Mailing Address: **1101 BRICKELL AVE. SUITE 1400 MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:
 21 **Shapo, Freedman & Bloom, P.A.**
 Suite, Apt. #, etc: **200 S. Biscayne Blvd, Ste. 4750**
 City & State: **Miami, FL**
 Zip: **33131** Country: **USA**

2a. Mailing Address:
 26 **Loeb, Block & Partners, LLP**
 Suite, Apt. #, etc: **505 Park Ave., 9th Floor**
 City & State: **New York, NY**
 Zip: **10022** Country: **USA**

3. Date Incorporated or Qualified: **11/29/1995**

4. FEI Number: **65-0622140** 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. Yes No

9. Name and Address of Current Registered Agent:
BLOOM, LEONARD H
1101 BRICKELL AVE.
SUITE 1400
MIAMI FL 33131

10. Name and Address of New Registered Agent:
 81 Name: **SOUTH FLORIDA RESIDENT AGENTS, INC.**
 82 Street Address (P.O. Box Number is Not Acceptable): **200 SOUTH BISCAYNE BLVD., SUITE 4750**
 83 City: **MIAMI** 85 Zip Code: **FL 33131**

11. Pursuant to the provisions of Sections 607.09-09 and 607.15-08, 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 607.09-05, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **6/2/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MASSAC, LINDA	
STREET ADDRESS	505 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HEWLETT, GATH A. T	
STREET ADDRESS	505 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PENN, MYRTHLYN	
STREET ADDRESS	505 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D MYRTHLYN PENN
33 STREET ADDRESS	505 PARK AVE
34 CITY-ST-ZIP	NEW YORK, N.Y. 10022
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	S Mr. STEPHEN RASCH
43 STREET ADDRESS	505 PARK AVE
44 CITY-ST-ZIP	NEW YORK, N.Y. 10022
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	100002553081
63 STREET ADDRESS	-06/09/98--01074--030
64 CITY-ST-ZIP	***150.00

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.

CR2E034 (10/97)