

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

FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F66390 (8)
 1. Corporation Name
FLORIDA EAST COAST REALTY, INC.



Principal Place of Business P.O. 012949 MIAMI FL 33101 US	Mailing Address P. O. BOX 012949 MIAMI FL 33101 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 02/09/1982	
4. FEI Number 59-2166506	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
KATHLEEN CROGAN
 100 S. BISCAYNE BLVD
 STE 1100
 33131

10. Name and Address of New Registered Agent

81 Name KATHLEEN CROGAN	
82 Street Address (P.O. Box Number is Not Acceptable) 100 S. BISCAYNE BLVD	
83	
84 City MIAMI	85 Zip Code 33131

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: *Kathleen Crogan* **KATHLEEN CROGAN** **6/8/98**
Signature type for printed name of registered agent and title of applicant (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BAER, STEVE	
STREET ADDRESS	100 S. BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VD'S	<input type="checkbox"/> DELETE
NAME	HOLLO, WAYNE	
STREET ADDRESS	100 S. BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BAER, STEVE	
STREET ADDRESS	100 S. BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAHAN, PHILLIP C	
STREET ADDRESS	100 S BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	YAFFA, PHILLIP A	
STREET ADDRESS	100 S BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLLO, TIBOR	
STREET ADDRESS	100 S BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD'S
2.3 STREET ADDRESS	WAYNE HOLLO
2.4 CITY-ST-ZIP	100 S. BISCAYNE BLVD # 1100 MIAMI, FL 33131
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700000256610
6.3 STREET ADDRESS	06/18/98-01101-085
6.4 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.

SIGNATURE: *Wayne Hollo* **WAYNE HOLLO** **6/18/98**

CR2E034 (10/97)