

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

FILED  
Feb 16 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 # 193121 (1)  
1. Corporation Name  
UNITED REALTY PROPERTY MANAGEMENT, INC.



Principal Place of Business  
685 OLD TREE LINE TRAIL  
DELAND FL 32724  
US

Mailing Address  
685 OLD TREE LINE TRAIL  
DELAND FL 32724  
US

DO NOT WRITE IN THIS SPACE

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 2. Principal Place of Business<br>21 320 S. SPRING GARDEN<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 DELAND FL<br>Zip<br>24 32720 Country<br>25 VOLUSIA |  | 2a. Mailing Address<br>26 685 OLD TREE LINE TR.<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 DELAND FL<br>Zip<br>29 32724 Country<br>30 VOLUSIA        |  | 3. Date Incorporated or Qualified<br>05/14/1956  |  |
|   |  | 4. FEI Number<br>59-0773906  |  | Applied For<br>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<br>HOWE, RONALD<br>685 OLD TREE LINE TRAIL<br>DELAND FL 32724   |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name RONALD HOWE<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>685 OLD TREE LINE TRAIL<br>83<br>84 City DELAND FL 85 Zip Code 32724 |  |

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                      | PD                      | 1.1 TITLE   |  |
| NAME                       | HOWE, RONALD H          | 1.2 NAME  |  |
| STREET ADDRESS             | 685 OLD TREE LINE TRAIL | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DELAND FL               | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DS                      | 2.1 TITLE   |  |
| NAME                       | HOWE, PAULA J           | 2.2 NAME  |  |
| STREET ADDRESS             | 685 OLD TREE LINE TRAIL | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DELAND FL               | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | T                       | 3.1 TITLE   |  |
| NAME                       | HOWE, RICHARD           | 3.2 NAME  |  |
| STREET ADDRESS             | 1576 TWIN OAKS DRIVE    | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | DELAND FL               | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                         | 4.1 TITLE   |  |
| NAME                       |                         | 4.2 NAME  |  |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                         | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                         | 5.1 TITLE   |  |
| NAME                       |                         | 5.2 NAME  |  |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                         | 6.1 TITLE   |  |
| NAME                       |                         | 6.2 NAME  |  |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                         | 6.4 CITY-ST-ZIP                                       |  |

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 *R. Howe* 3/2/98

CR2E034 (10/97)