

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

PROFIT CORPORATION
ANNUAL REPORT
1998



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

FILED

98 APR 30 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 269470 (1)
1. Corporation Name
STATION PROPERTIES, INC.

Principal Place of Business: **121 W. FORSYTH ST., SUITE #200 JACKSONVILLE FL 32202**
Mailing Address: **200 LAURA ST JACKSONVILLE FL 32202 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/30/1963	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1089981	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent BROOKSHIRE, GEORGE 200 LAURA ST SUITE 200 JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent	
				B1	Name FIL CORP
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	200 LAURA ST
				B4	City JACKSONVILLE
				FL	85 Zip Code 32202

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: *Charles V. Helrick* F&L Corp. by *Charles V. Helrick* Authorized Signatory 4-28-98
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STEIN, JOAN W.		1.2 NAME	000002512730--9			
STREET ADDRESS	121 W. FORSYTH STREET		1.3 STREET ADDRESS	-05/06/98--0107--018			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	****600.00 ****150.00			
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STEIN, MARTIN E., JR.		2.2 NAME				
STREET ADDRESS	121 W. FORSYTH STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STEIN, ROBERT L.		3.2 NAME				
STREET ADDRESS	121 W. FORSYTH STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	STEIN, RICHARD		4.2 NAME				
STREET ADDRESS	121 W. FORSYTH STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP				
TITLE	VS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MILLER, ROBERT L.		5.2 NAME				
STREET ADDRESS	121 W. FORSYTH STREET		5.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP				
TITLE	VS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BROOKSHIRE, GEORGE		6.2 NAME				
STREET ADDRESS	200 W FORSYTH ST		6.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		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.

CR2E034 (10/97)

Handwritten signature and date: 4/30/98