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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90059 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 377371 1. Corporation Name ASSURED REALTY, INC.			
Principal Place of Business 3517 S ORANGE BLOSSOM TRAIL ORLANDO FL 32839-8973		Mailing Address 3517 S ORANGE BLOSSOM TRAIL ORLANDO FL 32839-8973	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21. 3517 S ORANGE BLOSSOM TRAIL Suite, Apt. #, etc. 22. Orlando, Fla City & State 23. 32839 Zip 24. FL Country		2a. Mailing Address 26. P.O. Box 593247 Suite, Apt. #, etc. 27. Orlando, Fla City & State 28. 32859 Zip 29. FL Country	
9. Name and Address of Current Registered Agent CURRY, CHARLENE F 3517 S ORANGE BLOSSOM TRAIL ORLANDO FL 32805		10. Name and Address of New Registered Agent 81. Name CURRY, CHARLENE F 82. Street Address (P.O. Box Number is Not Acceptable) P.O. Box 593247 83. 1502 SAWYERWOOD AVE City Orlando State FL Zip Code 32809	
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 TITLE PD <input type="checkbox"/> DELETE NAME CURRY, CHARLENE F STREET ADDRESS 3517 S ORANGE BLOS. TR. CITY-ST-ZIP ORLANDO FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME CHARLENE F CURRY 1.3 STREET ADDRESS 1502 SAWYERWOOD AVE 1.4 CITY-ST-ZIP ORLANDO, FL 32809 <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 6.3 STREET ADDRESS 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, with all other life empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99 407 843-3390
 Date Daytime Phone #

CR2E034 (11/98)