

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 417159 (1)**

1. Corporation Name  
**MODE REALTY, INC.**



Principal Place of Business <b>7184 BENEVA ROAD SARASOTA FL 34238</b>	Mailing Address <b>C/O PALMER RANCH 7184 BENEVA ROAD SARASOTA FL 34238</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/19/1973</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>59-1512201</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent <b>HAGER, WILLIAM N 7184 BENEVA ROAD SARASOTA FL 34238</b>				10. Name and Address of New Registered Agent	
				81. Name <b>Mark J. Bryn</b>	
				82. Street Address (P.O. Box Number is Not Acceptable) <b>One Biscayne Tower, Suite 3599</b>	
				83. <b>2 South Biscayne Boulevard</b>	
				84. City <b>Miami</b>	85. Zip Code <b>FL 33131</b>
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 <i>[Signature]</i>				DATE <b>April 27, 1998</b>	

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	Senior V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CULVERHOUSE JR, HUGH F		1.2 NAME	John C. Strickroot, Jr.			
STREET ADDRESS	ONE BISCAYNE TOWER, #3599		1.3 STREET ADDRESS	2 South Biscayne Boulevard, Suite 3599			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, Florida 33131			
TITLE	VS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V,S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HAGER, WILLIAM		2.2 NAME	Scott Lynch			
STREET ADDRESS	7184 BENEVA ROAD		2.3 STREET ADDRESS	3903 Northdale Boulevard, Suite 140E			
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Tampa, Florida 33624			
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	V,T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FOSTER, JAMES		3.2 NAME	Eugene F. Cassidy			
STREET ADDRESS	7184 BENEVA ROAD		3.3 STREET ADDRESS	3903 Northdale Boulevard, Suite 140E			
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Tampa, Florida 33624			
TITLE	TAS	<input type="checkbox"/> DELETE	4.1 TITLE	V, Assist. Sect.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PAULMANN, JAMES		4.2 NAME				
STREET ADDRESS	7184 BENEVA ROAD		4.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34238		4.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	Assist. Sect., Assist. Treas.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TRAMONTANO, LILLIAN		5.2 NAME				
STREET ADDRESS	1408 N. WESTSHORE BLVD., #908		5.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33607		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CAPPELLO, ANDREW N		6.2 NAME	Thomas K. Purcell			
STREET ADDRESS	1408 N WESTSHORE BLVD, #908		6.3 STREET ADDRESS	4240 Lakeside Drive			
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	Jacksonville, Florida 32202-5145			

(NOTE: Registered Agent signature required when reinstating)

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: *[Signature]* DATE: **April 27, 1998** (305) 371-8600

CR2E034 (10/97)