

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

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 612745 (0)
 1. Corporation Name
FIRST REAL ESTATE MANAGEMENT CORPORATION



Principal Place of Business 5240 N ATLANTIC AVE 1 COCOA BEACH FL 32931 US	Mailing Address 5240 N ATLANTIC AVE 1 COCOA BEACH FL 32931-3771 US
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21 Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a Mailing Address Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/13/1979	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1995735	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STOTTLER, RICHARD H JR. 8680 N. ATLANTIC AVE CAPE CANAVERAL FL 32920	
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10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

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 re-stating) DATE _____

12. OFFICERS AND DIRECTORS	
1.1 TITLE VD STOTTLER, RICHARD H JR 8680 ASTRONAUT BLVD CAPE CANAVERAL, FL 00000	<input type="checkbox"/> DELETE
1.2 NAME HADGE, JEANNE A 8680 NATL AVE. CAPE CAN, FL 00000	<input type="checkbox"/> DELETE
1.3 TITLE D DEEVERS, JUDITH C. 8680 ASTRONAUT BLVD. CAPE CANAVERAL FL	<input type="checkbox"/> DELETE
1.4 NAME DVP GAILEY, STEVE 8680 N ATLANTIC AVE CAPE CANAVERAL FL	<input type="checkbox"/> DELETE
1.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
1.6 TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VD Stottler, Richard H. Jr.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME HADGE, Jeanne A.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 TITLE D Deevers, Judith C.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 NAME DVP Gailey, Steve	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.6 TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: STEVEN B GAILEY, DVP 4-10-97 (409) 7834923
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)