

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

FILED  
Mar 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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 <b>5240 N ATLANTIC AVE 1 COCOA BEACH FL 32931 US</b>	Mailing Address <b>5240 N ATLANTIC AVE 1 COCOA BEACH FL 32931 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5340 N. ATLANTIC AVE</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>5340 N. ATLANTIC AVE</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/13/1979</b>	
22 City & State <b>COCOA BEACH, FL</b>		27 City & State <b>COCOA BEACH, FL</b>		4. FEI Number <b>59-1995735</b>	
24 Zip <b>32931</b>		25 Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26 Zip <b>32931</b>		27 Country <b>US</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
28 Zip <b>32931</b>		29 Country <b>US</b>		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

10. Name and Address of New Registered Agent

**STOTTLER, RICHARD H JR.  
8880 N. ATLANTIC AVE  
CAPE CANAVERAL FL 32920**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOTTLER JR, RICHARD H	1.2 NAME	
STREET ADDRESS	8880 ASTRONAUT BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HADGE, JEANNE A	2.2 NAME	
STREET ADDRESS	8880 N.ATL AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CAN, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEEVERS, JUDITH C	3.2 NAME	
STREET ADDRESS	8880 ASTRONAUT BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	3.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAILEY, STEVE	4.2 NAME	
STREET ADDRESS	8880 N ATLANTIC AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*[Signature]* 407  
7/17/98 768-6093

CR2E034 (10/97)