

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

FILED

Feb 11 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 617975 (8)
1. Corporation Name
A MACDILL REALTY CORPORATION

Principal Place of Business
4327 BAY TO BAY BLVD.
TAMPA FL 33629-6806

Mailing Address
4327 BAY TO BAY BLVD.
TAMPA FL 33629-6806



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|---|--|
| 2. Principal Place of Business 21 4327 BAY TO BAY BLVD Suite, Apt. #, etc. 22 TAMPA FLORIDA City & State 23 33629 Zip 24 Country | | 2a. Mailing Address 26 4327 BAY TO BAY BLVD Suite, Apt. #, etc. 27 TAMPA FLORIDA City & State 28 33629 Zip 29 Country | | 3. Date Incorporated or Qualified 04/19/1979 4. FEI Number 59-1883126 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 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

KEITH, ELLEN
4323 BAY TO BAY BLVD
TAMPA FL 33629

10. Name and Address of New Registered Agent

| | | | | |
|----------------------------|---|------------------|---------|----------------------|
| 81 Name ROSEMARIE MAURO | 82 Street Address (P.O. Box Number is Not Acceptable) 4327 BAY TO BAY BLVD | 83 TAMPA FLORIDA | 84 City | 85 Zip Code 33629 |
|----------------------------|---|------------------|---------|----------------------|

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 Rosemarie Mauro DATE 1/15/98
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KEITH, ELLEN 10850 VENICE CRCL. TAMPA, FL 00000 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | PD ROSEMARIE MAURO 2325 FERN PLACE TAMPA FL 33604 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD MAURO, SERAFINO T 2325 FERN PL TAMPA, FLORIDA 33604 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 6.1 TITLE 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.

SIGNATURE: Serafino T. Mauro / Serafino T. Mauro DATE 1/15/98 813 889-3229

CR2E034 (10/97)