

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **645320** (3)
1. Corporation Name
HERB MORGAN REALTY, INC.



Principal Place of Business 1836 HERMITAGE BLVD STE 200 TALLAHASSEE FL 32308 US	Mailing Address 1836 HERMITAGE BLVD STE 200 TALLAHASSEE FL 32308 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 6790 Augustine Creek Ct. City & State 23 Tallahassee, Fl. Zip 24 32311 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 P.O. Box 13856 City & State 28 Tallahassee, Fl. Zip 29 32317 30 USA		3. Date Incorporated or Qualified 11/16/1979	
		4. FEI Number 59-2062399		Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGAN, HERB
1836 HERMITAGE BLVD. #200
TALLAHASSEE FL 32308**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 6790 Augustine Creek Ct.	
84 City	Tallahassee
85 Zip Code	FL 32317

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, HERB		1.2 NAME		
STREET ADDRESS	1836 HERMITAGE BLVD. #200		1.3 STREET ADDRESS	6790 Augustine Creek Ct.	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, Fl. 32311	
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, HERB		2.2 NAME		
STREET ADDRESS	1836 HERMITAGE BLVD. #200		2.3 STREET ADDRESS	6790 Augustine Creek Ct.	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, Fl. 32311	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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: *Herb Morgan*

4-9-98 880/671-1288

CF2E034 (10/97)