

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

FILED  
Jun 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 # **F66390** (8)  
1. Corporation Name  
**FLORIDA EAST COAST REALTY, INC.**

Principal Place of Business

Mailing Address

P.O. 012949  
MIAMI FL 33101  
US

P. O. BOX 012949  
MIAMI FL 33101  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/09/1982</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-2166506</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent <b>KATHLEEN CROGAN</b> <b>100 S. BISCAYNE BLVD</b> <b>STE 1100</b> <b>33131</b>				10. Name and Address of New Registered Agent	
81 Name <b>KATHLEEN CROGAN</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>100 S. BISCAYNE BLVD</b>	
83				84 City <b>MIAMI</b>	
85 Zip Code <b>33131</b>				86	

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 *Kathleen Crogan* **KATHLEEN CROGAN** **6/8/98**  
Signature, typed or printed name of registered agent, and title of applicant (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	
NAME	BAER, STEVE	1.2 NAME	
STREET ADDRESS	100 S. BISCAYNE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD'S	2.1 TITLE	<b>VDS</b>
NAME	HOLLO, WAYNE	2.2 NAME	<b>WAYNE HOLLO</b>
STREET ADDRESS	100 S. BISCAYNE BLVD.	2.3 STREET ADDRESS	<b>100 S. BISCAYNE BLVD # 1100</b>
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	<del>VP</del>	3.1 TITLE	
NAME	<del>DAHAN, PHILLIP C</del>	3.2 NAME	
STREET ADDRESS	<del>100 S. BISCAYNE BLVD</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>MIAMI, FL 00000</del>	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	DAHAN, PHILLIP C	4.2 NAME	
STREET ADDRESS	100 S BISCAYNE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	YAFFA, PHILLIP A	5.2 NAME	
STREET ADDRESS	100 S BISCAYNE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	HOLLO, TIBOR	6.2 NAME	
STREET ADDRESS	100 S BISCAYNE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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:

*Wayne Holloway* **WAYNE R. HOLLO** **6/1/98**

CR2E034 (10/97)