

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

FILED
May 04 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 # **F93000002320 (0)**

1. Corporation Name

FAC REALTY, INC.

Principal Place of Business

**11000 REGENCY PARKWAY
THIRD FLOOR, EAST TOWER
CARY NC 27511
US**

Mailing Address

**11000 REGENCY PARKWAY
THIRD FLOOR, EAST TOWER
CARY NC 27511
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 56-1819372		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/T/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEMING, DIXON J JR.	1.2 NAME	Miniutti, Patrick M.
STREET ADDRESS	11000 REGENCY PARKWAY, SUITE 300	1.3 STREET ADDRESS	11000 Regency Parkway, Ste 300
CITY-ST-ZIP	CARY NC	1.4 CITY-ST-ZIP	Cary, NC 27511
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORTON, CAMMACK C	2.2 NAME	Gildea, John W.
STREET ADDRESS	11000 REGENCY PARKWAY, SUITE 300	2.3 STREET ADDRESS	11000 Regency Parkway, Ste 300
CITY-ST-ZIP	CARY NC	2.4 CITY-ST-ZIP	Cary, NC 27511
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBIN W. MALPHRUS	3.2 NAME	Eberle, William D.
STREET ADDRESS	11000 REGENCY PARKWAY, SUITE 300	3.3 STREET ADDRESS	11000 Regency Pkwy, Ste 300
CITY-ST-ZIP	CARY NC	3.4 CITY-ST-ZIP	Cary, NC 27511
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMICK, ROBERT O	4.2 NAME	
STREET ADDRESS	P.O. BOX 1009 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	SMITHFIELD NC 27577	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUTRELL, RICHARD J JR.	5.2 NAME	
STREET ADDRESS	217 COBBLESTONE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKY MOUNT NC 27804	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGLER, THEODORE E JR.	6.2 NAME	
STREET ADDRESS	3304 LANDOR ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27609	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

Patrick M. Miniutti

2/27/98

607.0505

CR2E034 (10/97)