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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005638 (0)**

1. Corporation Name
NET LEASE REALTY I, INC.

Principal Place of Business	Mailing Address
400 E S ST #500 ORLANDO FL 32801	400 E S ST #500 ORLANDO FL 32801-2878

3. Date Incorporated or Qualified: **11/17/1995**
3a. Date of Last Report: **03/20/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-3325662** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CECO	☐ DELETE	1.1 TITLE	DCEO	☒ Change ☐ Addition
NAME	SENEFF, JAMES M JR.		1.2 NAME	SENEFF, JAMES M JR.	
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500		1.3 STREET ADDRESS	400 E SOUTH STREET SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	PEV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RALSTON, GARY M		2.2 NAME		
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		2.4 CITY-ST-ZIP		
TITLE	EVCF	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HABICHT, KEVIN B		3.2 NAME		
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		3.4 CITY-ST-ZIP		
TITLE	STVC	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOURNE, ROBERT A		4.2 NAME		
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	HINKLE, CLIFFORD R	
STREET ADDRESS			5.3 STREET ADDRESS	400 E SOUTH STREET SUITE 500	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	COX, WILLOUGBY T	
STREET ADDRESS			6.3 STREET ADDRESS	400 E SOUTH STREET SUITE 500	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ORLANDO FL 32801	

CR2E034 (9/96)

14. I do 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 REQUIRED 1/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT A. BOURNE