

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

FILED
Apr 17 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 # **F95000005638 (0)**
1. Corporation Name
NET LEASE REALTY I, INC.

Principal Place of Business 400 E S ST #500 ORLANDO FL 32801	Mailing Address 400 E S ST #500 ORLANDO FL 32801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1995	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number 59-3325662	
22	City & State	27	City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$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. ☐ Yes ☒ No	

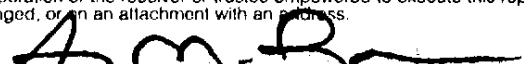
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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	DCEO	1.1 TITLE	D/C/CEO
NAME	SENEFF, JAMES M JR.	1.2 NAME	SENEFF, JAMES M., JR.
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500	1.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	1.4 CITY- ST- ZIP	
TITLE	PEV	2.1 TITLE	P/COO
NAME	RALSTON, GARY M	2.2 NAME	RALSTON, GARY M.
STREET ADDRESS	400 EAST SOUTH STREET SUITE 500	2.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32801	2.4 CITY- ST- ZIP	
TITLE	EVC	3.1 TITLE	EVP/S/T/CFO
NAME	HABICHT, KEVIN B	3.2 NAME	HABICHT, KEVIN B.
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	4.1 TITLE	
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	D	5.1 TITLE	
NAME	HINKLE, CLIFFORD R.	5.2 NAME	
STREET ADDRESS	400 E SOUTH STREET, STE 500	5.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	
NAME	COX, WILLOUGBY T.	6.2 NAME	
STREET ADDRESS	400 E. SOUTH ST., STE 500	6.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO 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 in an attachment with an address.

SIGNATURE:  (407) 422-1574

CR2E034 (10/97)

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