

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

APPROVED
AND
FILED

93 MAY -6 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000002179 (6)
1. Corporation Name
GMH REALTY, INC.

Principal Place of Business: 353 W. LANCASTER AVE., SUITE 210 WAYNE PA 19087
Mailing Address: 353 W. LANCASTER AVE., SUITE 210 WAYNE PA 19087

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
04/24/1997

4. FEI Number
23-2877709
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
81 Name
F+L Corp
82 Street Address (P.O. Box Number is Not Acceptable)
200 Laura St
83
3rd Flr
84 City
Jacksonville
FL 85 Zip Code
32201

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]* DATE: 5/5/98

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	HOLLOWAY, GARY	
STREET ADDRESS	192 DAMVIEW DRIVE	
CITY-ST-ZIP	MEDIA PA 19063	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	ROBINSON, BRUCE	
STREET ADDRESS	228 EAST GOLFVIEW ROAD	
CITY-ST-ZIP	ARDMORE PA 19003	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	COYLE, CATHERINE	
STREET ADDRESS	831 WATER'S EDGE	
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	DIGIUSEPPE, ROBERT	
STREET ADDRESS	308 HEATHERFIELD DRIVE	
CITY-ST-ZIP	SOUDERTON PA 18964	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	200002516382--3
1.4 CITY-ST-ZIP	-05/07/98--01133--027
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	****158.75 ****158.75
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	A. alan
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	5/6/98
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signatures]*

CR2E034 (10/97)