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93 MAY -6 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/24/1997	
25		30		4. FEI Number 23-2877709 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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 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			
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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 <i>[Signature]</i> agent DATE 5/5/98	
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12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PC	DELETE	1.1 TITLE	Change	Addition		
NAME	HOLLOWAY, GARY		1.2 NAME				
STREET ADDRESS	192 DAMVIEW DRIVE		1.3 STREET ADDRESS			200002516382--3	
CITY-ST-ZIP	MEDIA PA 19063		1.4 CITY-ST-ZIP			-05/07/98-01133-027	
TITLE	VTD	DELETE	2.1 TITLE	Change	Addition	****158.75 ****158.75	
NAME	ROBINSON, BRUCE		2.2 NAME				
STREET ADDRESS	228 EAST GOLFVIEW ROAD		2.3 STREET ADDRESS				
CITY-ST-ZIP	ARDMORE PA 19003		2.4 CITY-ST-ZIP				
TITLE	SVD	DELETE	3.1 TITLE	Change	Addition		
NAME	COYLE, CATHERINE		3.2 NAME				
STREET ADDRESS	831 WATER'S EDGE		3.3 STREET ADDRESS				
CITY-ST-ZIP	NEWTOWN SQUARE PA 19073		3.4 CITY-ST-ZIP				
TITLE	ASD	DELETE	4.1 TITLE	Change	Addition		
NAME	DIGIUSEPPE, ROBERT		4.2 NAME				
STREET ADDRESS	308 HEATHERFIELD DRIVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	SOUDERTON PA 18964		4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE	Change	Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	Change	Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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.	
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SIGNATURE <i>[Signature]</i> Robert Diguseppe 4/29/98 6/18/98
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CR2E034 (10/97)