

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 # F98314 (0)

1. Corporation Name
REALTY MANAGEMENT GROUP, INC.



Principal Place of Business 8917 WESTERN WAY 7 JACKSONVILLE FL 32256 US	Mailing Address 8917 WESTERN WAY 7 JACKSONVILLE FL 32256 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5501-3 Beach Suite, Apt. #, etc. Boulevard 22 City & State 23 Jacksonville, FL Zip 24 32207 Country 25 USA	2a. Mailing Address 26 5501-3 Beach Suite, Apt. #, etc. Boulevard 27 City & State 28 Jacksonville, FL Zip 29 32207 Country 30 USA
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3. Date Incorporated or Qualified 09/01/1982	4. FEI Number 59-2207198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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

g. Name and Address of Current Registered Agent WERNER, MARK A. 9250 GYPRESS GREEN DRIVE, SUITE 104 JACKSONVILLE FL 32256	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5501-3 Beach Boulevard 83 84 City Jacksonville FL 85 Zip Code 32207
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PDS	<input type="checkbox"/>
NAME	WERNER, MARK A	
STREET ADDRESS	1819 S OCEAN DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	V	<input type="checkbox"/>
NAME	WERNER, MARK A.	
STREET ADDRESS	1819 S OCEAN DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

[Handwritten Signature] 4/18/98

CR2E034 (10/97)