


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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90073 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98314

1. Corporation Name
REALTY MANAGEMENT GROUP, INC.



Principal Place of Business 5501 3 BCH BLVD 7 JACKSONVILLE FL 32207 US	Mailing Address 5501 3 BCH BLVD 7 JACKSONVILLE FL 32207 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/01/1982

2. Principal Place of Business 21 1835-A North Third St.	2a. Mailing Address 26 PO Box 551616
Suite, Apt. #, etc. 22 #A	Suite, Apt. #, etc. 27
City & State 23 Jacksonville Beach, FL	City & State 28 Jacksonville, FL
Zip 24 32250 Country 25 USA	Zip 29 32255-1616 Country 30 USA

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 the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WERNER, MARK A. - Same
5501 3 BCH BLVD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1835-A North Third Street
83	
84 City	Jacksonville Beach FL
85 Zip Code	32250

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: **4/8/99**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	WERNER, MARK A	
STREET ADDRESS	1819 S OCEAN DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WERNER, MARK A.	
STREET ADDRESS	1819 S OCEAN DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/8/99** Daytime Phone #: **904-249-8443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1.1/98)