

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

FILED
May 06 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 # **J93415** (4)
1. Corporation Name
STONERIDGE PROPERTIES OF FLORIDA, INC.



Principal Place of Business 222 SOUTH 15TH STREET SUITE 600 NORTH OMAHA NE 68102 US	Mailing Address 222 SOUTH 15TH STREET SUITE 600 NORTH OMAHA NE 68102-1628 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 68102-1628	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 68102-1628
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3. Date Incorporated or Qualified 09/22/1987	4. FEI Number 38-2766568	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	COON, KENNETH C.
STREET ADDRESS	222 SOUTH 15TH ST SUITE 600 NORTH
CITY-ST-ZIP	OMAHA NE
TITLE	TD <input type="checkbox"/> DELETE
NAME	MACE, GEORGIA M.
STREET ADDRESS	222 SOUTH 15TH ST SUITE 600 NORTH
CITY-ST-ZIP	OMAHA NE
TITLE	SD <input type="checkbox"/> DELETE
NAME	KNOLLA, PETER A.
STREET ADDRESS	222 SOUTH 15TH ST SUITE 600 NORTH
CITY-ST-ZIP	OMAHA NE
TITLE	VD <input type="checkbox"/> DELETE
NAME	GERBER, WILLIAM
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 NORTH
CITY-ST-ZIP	OMAHA NE
TITLE	D <input type="checkbox"/> DELETE
NAME	NELSON, JOHN
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 NORTH
CITY-ST-ZIP	OMAHA NE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	68102-1628
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	68102-1628
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	68102-1628
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	222 South 15th Street, Suite 600 North
44 CITY-ST-ZIP	68102-1628
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	222 South 15th Street, Suite 600 North
54 CITY-ST-ZIP	68102-1628
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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.

Georgia M. Mace
Treasurer 4/15/98 (402) 344-8800

CR2E034 (10/97)