

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

FILED

May 11 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 # **K11783** (3)
1. Corporation Name
MIDLAND REALTY INVESTMENT CORPORATION

Principal Place of Business % ROBERT BANKS 33 N GARDEN AVE. SUITE 1200 CLEARWATER FL 34615 US	Mailing Address % ROBERT BANKS 33 N GARDEN AVE. SUITE 1200 CLEARWATER FL 34615 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 33 North Garden Ave. Suite, Apt. #, etc. 22 Suite 1200 City & State 23 Clearwater FL Zip 24 33755		2a. Mailing Address 26 33 North Garden Ave. Suite, Apt. #, etc. 27 Suite 1200 City & State 28 Clearwater FL Zip 29 33755		3. Date Incorporated or Qualified 01/13/1988	
				4. FEI Number 31-1231397	
				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 BANKS, ROBERT 33 N GARDEN AVE SUITE 1200 CLEARWATER FL 34615		10. Name and Address of New Registered Agent 81 Name Banks, Robert J. 82 Street Address (P.O. Box Number is Not Acceptable) 33 North Garden Ave. 83 Suite 1200 84 City Clearwater FL 85 Zip Code 33755	
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BANKS, ROBERT J. 33 N GARDEN AVE, SUITE 1200 CLEARWATER FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DP Banks, Robert J. 33 North Garden Ave., Suite 1200 Clearwater, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GLOECKL, KEITH J. 33 N GARDEN AVE, SUITE 1200 CLEARWATER FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	S Gloeckl, Keith J. 33 North Garden Ave. Suite 1200 Clearwater FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:



Keith J. Gloeckl 04-01-98 (813) 461-4801

CR2E034 (1097)