

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

3. Date Incorporated or Qualified
01/13/1988

4. FEI Number
31-1231397

Applied For	
Not Applicable	

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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
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g. 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**

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BANKS, ROBERT J.	
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GLOECKL, KEITH J.	
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	
CITY - ST - ZIP	CLEARWATER FL	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Banks, Robert J.	
1.3 STREET ADDRESS	33 North Garden Ave., Suite 1200	
1.4 CITY - ST - ZIP	Clearwater, FL 33755	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gloeckl, Keith J.	
2.3 STREET ADDRESS	33 North Garden Ave. Suite 1200	
2.4 CITY - ST - ZIP	Clearwater FL 33755	
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.

SIGNATURE: 

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

CR2E034 (1097)