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

FILED Mar 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** M80746 (4) AREA ONE REALTY SERVICES, INC. Principal Place of Business Mailing Address 997 W. KENNEDY BLVD. 435 DOUGLAS AVE STE 1505-H DO NOT WRITE IN THIS SPACE ORLANDO FL 32810 ALTAMONTE SPRINGS FL 32714 3. Date Incorporated or Qualified 05/13/1988 2. Principal Place of Business 2a. Mailing Address Applied For P.O. Box 608122 59-2889942 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be RLANDO Trust Fund Contribution Added to Fees 23 Zip Country 8. This corporation owes or has paid the current year Intangible 30 ORANGE 24] Personal Property Tax due June 30. Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BEHN, JEROME G. 222 S. WESTMONTE DR., SUITE 210 ALTAMONTE SPRINGS FL 32714 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 bolh, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE BEHN, JEROME G. 1.2 NAME NAME 222 S. WESTMONTE DR., SUITE 210 STREET ADDRESS 1.3 STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP 1.4 CITY-ST-2IP DELETE Change 21 TITLE Addition MCCUE, EDWARD R., JR. NAME 22 NAME 222 S. WESTMONTE DR., SUITE 210 STREET ADDRESS 2 3 STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP 2. 4 CiTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 frue 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 optionation or the receiver or frustoee 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.

5.1 TITLE 5.2 NAME

61 TITLE

62 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY - ST - ZIP

STREET ADDRESS CITY-ST-ZIP

TEROME G. BEHN

DELETE

DELETE

Change

Change

Addition

Addition