
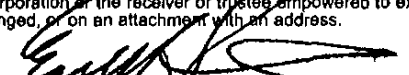


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000004916 (3) 1. Corporation Name THE REAL ESTATE GROUP OF MARION COUNTY, INC.			
Principal Place of Business 917 E. SILVER SPRINGS BLVD. OCALA FL 34470 US		Mailing Address P.O. BOX 770172 OCALA FL 34477-0172 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 10/25/1993			
4. FEI Number 59-3232243			
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			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 DOZIER, G. SHEPPARD W 9 NE 1 AVE OCALA FL 34470		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 617.0502 and 617.1508, 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 617.0503, 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 PD NAME LOCKE, KIM STREET ADDRESS 411 N.E. 25TH AVE. CITY-ST-ZIP Ocala FL		1.1 TITLE PD 1.2 NAME FARLESS, LEROY 1.3 STREET ADDRESS 7651 S.W. Hwy 200 1.4 CITY-ST-ZIP Ocala, FL 34476	
TITLE D NAME MARY MODROVSKY STREET ADDRESS 535 NE 38TH AVE. CITY-ST-ZIP Ocala FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE TD NAME LEROY FARLESS STREET ADDRESS 7651 SW SR 200 CITY-ST-ZIP Ocala FL		3.1 TITLE TD 3.2 NAME SMITH, EARL BOB 3.3 STREET ADDRESS 9311 S.W. SR 200, Ste 203 Bldg 2 3.4 CITY-ST-ZIP Ocala, FL 34481	
TITLE VPD NAME JEANNE WEAVER STREET ADDRESS 2137 SE FORT KING STREET CITY-ST-ZIP Ocala FL		4.1 TITLE VPD 4.2 NAME ALBIOL, CHARLES 4.3 STREET ADDRESS 1111 N.E. 25 Avenue #104 4.4 CITY-ST-ZIP Ocala, FL 34470	
TITLE SD NAME FANNON, BRENDA STREET ADDRESS 2055 N.W. 60TH AVE. CITY-ST-ZIP Ocala FL		5.1 TITLE SD 5.2 NAME PAT KETCHIE 5.3 STREET ADDRESS 13388 N. Hwy 19 5.4 CITY-ST-ZIP SALT SPRING, FL 32134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 		Earl Bob Smith July 6, 1998 7/6/98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E037 (5/98)