

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P29457 (9)
1. Corporation Name
PROPERTIES OF EAST FLORIDA INC.



Principal Place of Business HOLL, RICHARD L RNE MELLON BANK CENTER ROOM 4850 PITTSBURGH PA 15258 US	Mailing Address ALQUIST, VIRGINIA LEGAL AFFAIRS 8TH FLOOR 1735 MARKET STREET PHILADELPHIA PA 19103 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/22/1990	3a. Date of Last Report 04/23/1996
4. FEI Number 23-2604957	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input 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	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	HOLL, RICHARD L
STREET ADDRESS	1 MELLON BANK CENTER
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	<input type="checkbox"/> DELETE
NAME	JOYCE, DENNIS M.
STREET ADDRESS	1 MELLON BANK CENTER
CITY-ST-ZIP	PITTSBURGH PA
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	STEINMAN, DAVID W.
STREET ADDRESS	ONE MELLON BANK CENTER
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	<input type="checkbox"/> DELETE
NAME	ALQUIST, VIRGINIA E.
STREET ADDRESS	1735 MARKET STREET
CITY-ST-ZIP	PHILADELPHIA PA
TITLE	<input type="checkbox"/> DELETE
NAME	TAYLOR, S. LYNN
STREET ADDRESS	ONE MELLON BANK CENTER
CITY-ST-ZIP	PITTSBURGH PA
TITLE	<input type="checkbox"/> DELETE
NAME	LANSINGER, MARK P.
STREET ADDRESS	1 MELLON BANK CENTER
CITY-ST-ZIP	PITTSBURGH PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	4850 One Mellon Bank Center
1.3 STREET ADDRESS	Pittsburgh, PA 15258-0001
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	4850 One Mellon Bank Center
2.3 STREET ADDRESS	Pittsburgh, PA 15258-0001
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kozeka, John G
3.3 STREET ADDRESS	4850 One Mellon Bank Center
3.4 CITY-ST-ZIP	Pittsburgh, PA 15258-0001
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V
5.3 STREET ADDRESS	740 One Mellon Bank Center
5.4 CITY-ST-ZIP	15258-0001
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	772 One Mellon Bank Center
6.3 STREET ADDRESS	15258-0001
6.4 CITY-ST-ZIP	

14. I do 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: Mark P. Lansinger 4/21/97 412-234-6083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone _____

CR2E034 (9/96)