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

FILED May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT # GEARY REALTY CORPORATION** Principal Place of Business Mailing Address 2600-28TH ST. 2000-28TH ST. STE. 222 STE. 222 SANTA MONICA CA 90405 SANTA MONICA CA 90405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/18/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 95-4175574 21 26 Not Applicable Suite, Apt. #, otc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 6. This corporation owes or has paid the current year Intangible 24 30 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 81 Name 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 105 TALLAHASSEE FL 32301 83 84 City 85 Zip Code 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE GEARY, WILLIAM W., JR. NAME 1.2 NAME 2800 28TH ST., STE. 222 STREET ADDRESS 1.3 STREET ADDRESS SANTA MONICA CA CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Addition 2.1 TITLE TITLE GEARY, WILLIAM W JR. NAME 2.2 NAME 2800 23TH STREET, STE 222 STREET ADDRESS 2.3 STREET ADDRESS SANTA MONICA CA CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE SCHIEBEL, KATHRYN NAME 3.2 NAME 2800 28TH ST., STE 222 STREET ADDRESS 3 3 STREET ADDRESS SANTA MONICA CA CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 41 TITLE Change Addition TITLE LAVELLE, BARBARA NAME 4. 2 NAME 2800 28TH ST STE 222 STREET ADDRESS 4.3 STREET ADDRESS SANTA MONICA CA CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

4/18/98

(310) 450-9696

6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the examption 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an place print with irreddires.

NAME

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

CR2E034