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Mar 18 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 # P34091 (9)  
1. Corporation Name  
LODESTONE REALTY MANAGEMENT, INC.

Principal Place of Business 4029 LIGHTHOUSE LN NAPLES FL 34112 US	Mailing Address 4343 YACHT HARBOR DR NAPLES FL 33962 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/28/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 31-1326257	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		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

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 HEREN, DIETER	1.1 TITLE	PD
NAME	41 SOUTH HIGH STREET	1.2 NAME	R. Larry Hoover
STREET ADDRESS	COLUMBUS OH	1.3 STREET ADDRESS	41 South High Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Columbus, Ohio 43215
TITLE	V ULEN, ILONA	2.1 TITLE	
NAME	41 SOUTH HIGH STREET	2.2 NAME	
STREET ADDRESS	COLUMBUS OH	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S LIEBERSBACH, JOHN	3.1 TITLE	
NAME	41 SOUTH HIGH STREET	3.2 NAME	
STREET ADDRESS	COLUMBUS OH	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T VANFLEET, JOHN	4.1 TITLE	
NAME	41 SOUTH HIGH STREET	4.2 NAME	
STREET ADDRESS	COLUMBUS OH	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V MULLINS, LAURENCE A	5.1 TITLE	V
NAME	4029 LIGHTHOUSE LN	5.2 NAME	W. Thomas Grimm
STREET ADDRESS	NAPLES FL	5.3 STREET ADDRESS	4029 Lighthouse Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples, Florida 34112
TITLE	V HANSON, SUSAN	6.1 TITLE	
NAME	41 SOUTH HIGH STREET	6.2 NAME	
STREET ADDRESS	COLUMBUS OH	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* Susan J. Hanson 3/18/98 614/480-4505

CR2E034 (10/97)