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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P39191** **(2)**

1. Corporation Name
ALABAMA PROPERTIES, INC.

Principal Place of Business	Mailing Address
ONE CHRISTINA CENTRE 301 N. WALNUT ST. WILMINGTON DE 19809	% STATE TAX DEPT 300 BENEFICIAL CENTER PEAPACK NJ 07977

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1992

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 51-0011655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	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 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
Signature, type or print name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HALVORSEN, ANDREW C.		1.2 NAME	
STREET ADDRESS	301 N. WALNUT ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HANCE, CHARLES E.		2.2 NAME	400002537404---8
STREET ADDRESS	301 N. WALNUT ST.		2.3 STREET ADDRESS	-05/27/98--01096--011
CITY-ST-ZIP	WILMINGTON DE		2.4 CITY-ST-ZIP	***2850.00 ****150.00
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KEEGAN, ALLEN J		3.2 NAME	
STREET ADDRESS	301 N. WALNUT ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BROAS, MATTHEW		4.2 NAME	
STREET ADDRESS	200 BENEFICIAL CENTER		4.3 STREET ADDRESS	
CITY-ST-ZIP	PEAPACK NJ 07977		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MAJEWSKI, MARY J		5.2 NAME	
STREET ADDRESS	200 BENEFICIAL CENTER		5.3 STREET ADDRESS	AM 5/26
CITY-ST-ZIP	PEPAPACK NJ		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

(9087)