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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000032529 (8)

PLANTATION REAL ESTATE SERVICES, INC.

Principal Place of Business Mailing Address **8705 PERIMETER PARK BLVD** 8705 PERIMETER PARK BLVD. DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 3. Date Incorporated or Qualified 04/30/1993 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 2a. 59-3182369 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional K 5, Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 FORT, DONALD C. 8705-8 PERIMETER PARK BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 JACKSONVILLE FL 32216 84 City Zip Code 85 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE TITLE Change COLEMAN, JOHN NAME 1.2 NAME 8705-8 PERIMETER PARK BLVD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE VST TYE, GAIL D TYE, GAIL D. 8705-8 PERIMETER PARK BLVD. 2.2 NAME NAME 8705-8 PERIMETER PARK BLVD. 2.3 STREET ADORESS STREET ADDRESS JACKSONMLLE FL JACKSONVILLE, FL CITY-SY-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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:

Dail De Duce

18 98

904/641-0018

FILED

Mar 24 1998 8:00am

Secretary of State

CR2E034 (10/97)