


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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P93000073296 (4)**

1. Corporation Name
MTI PROPERTIES, INC.

Principal Place of Business 101 SE 2ND PL STE 202 GAINESVILLE FL 32601 US	Mailing Address PO BOX 2900 GAINESVILLE FL 32602
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 104 N. Main Street Suite, Apt. #, etc 22 Suite 300 City & State 23 Gainesville, FL Zip 24 32601 Country 25 Alachua	2a. Mailing Address 26 104 N Main Street Suite, Apt. #, etc. 27 Suite 300 City & State 28 Gainesville, FL Zip 29 32601 Country 30 Alachua
--	---

3. Date Incorporated or Qualified 10/15/1993	4. FEI Number 59-3206348	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**MCGURN, KENNETH R
101 SE 2ND PLACE
SUITE 202
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent 81 Name Thompson, C. Frederick 82 Street Address (P.O. Box Number is Not Acceptable) 104 N Main St 83 Suite 300 84 City Gainesville FL 85 Zip Code 32601

11. Pursuant to the provisions of Sections 607.0512 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 PD	NAME MCGURN, KENNETH R	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 101 SE 2ND PLACE, SUITE 202		
CITY - ST - ZIP GAINESVILLE FL 32601		
TITLE STD	NAME MCGURN, LINDA C	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 101 SE 2ND PLACE, SUITE 202		
CITY - ST - ZIP GAINESVILLE FL 32601		
TITLE VD	NAME THOMPSON, C F	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 104 N MAIN STREET, #300		
CITY - ST - ZIP GAINESVILLE FL		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE PD	NAME THOMPSON, C. FREDERICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 STREET ADDRESS 104 N MAIN ST, SUITE 300		
1.3 CITY - ST - ZIP GAINESVILLE, FL 32601		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 STREET ADDRESS		
2.3 CITY - ST - ZIP		
3.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 STREET ADDRESS		
3.3 CITY - ST - ZIP		
4.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 STREET ADDRESS		
4.3 CITY - ST - ZIP		
5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 STREET ADDRESS		
5.3 CITY - ST - ZIP		
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 STREET ADDRESS		
6.3 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: _____ 04/09/98

CR2E034 (10/97)