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FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000019570 (7)

1. Corporation Name
NINETY EIGHTH STREET PROPERTY, INC.



Principal Place of Business: 930 N.W. 8TH AVE. GAINESVILLE FL 32604
Mailing Address: 930 N.W. 8TH AVE. GAINESVILLE FL 32604-6094

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 4190 NW 9300		26 4190 NW 9300		03/08/1995	04/26/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 Gainesville FL		28 Gainesville FL		59-3304864	Not Applicable
24 32653		29 32653		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		28 Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUDD, HARVEY M 930 N.W. 8TH AVE. GAINESVILLE FL 32604				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				4190 NW 9300			
				83			
				84 City Gainesville FL 85 Zip Code 32653			

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPST	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDD, HARVEY M	12 NAME	
STREET ADDRESS	930 N.W. 8TH AVE.	13 STREET ADDRESS	4190 NW 9300
CITY - ST - ZIP	GAINESVILLE FL 32604	14 CITY - ST - ZIP	Gainesville FL 32653
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STETSON, JOHN	2.2 NAME	
STREET ADDRESS	930 N.W. 8TH AVE.	2.3 STREET ADDRESS	5905 SW 36 Way
CITY - ST - ZIP	GAINESVILLE FL 32601	2.4 CITY - ST - ZIP	Gainesville FL 32608
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: _____ DATE: 4/7/97 DAYTIME PHONE: 362-371-7772

CR2E034 (9/96)