


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

**FILED**  
**Mar 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000019570 (7)**  
 1. Corporation Name  
**NINETY EIGHTH STREET PROPERTY, INC.**



Principal Place of Business <b>4100 NW 93 AVE                  GAINESVILLE FL 32653                  US-</b>	Mailing Address <b>4100 NW 93 AVE                  GAINESVILLE FL 32653                  US-</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>537 NE 1ST, SUITE 5</b> Suite, Apt. #, etc. 22 City & State 23 <b>GAINESVILLE FLORIDA</b> Zip Country 24 <b>32601</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>537 NE 1ST, SUITE 5</b> Suite, Apt. #, etc. 27 City & State 28 <b>GAINESVILLE FLORIDA</b> Zip Country 29 <b>32601</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>03/08/1995</b>	4. FEI Number <b>59-3304864</b>	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 type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent <b>BUDD HARVEY M                  4100 NW 93 AVE                  GAINESVILLE FL 32653</b>				10. Name and Address of New Registered Agent 81 Name <b>ROBERT A STERN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>537 NE 1ST, SUITE 5</b> 83 84 City <b>GAINESVILLE</b> FL 85 Zip Code <b>32601</b>			
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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: *Robert A. Stern* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDD, HARVEY M	1.2 NAME	ROBERT A. STERN
STREET ADDRESS	4100 NW 93 AVE	1.3 STREET ADDRESS	537 NE 1ST
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	GAINESVILLE FL 32601
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STETSON, JOHN	2.2 NAME	
STREET ADDRESS	5905 SW 36 WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Robert A. Stern* **ROBERT A. STERN, J.P.** 3/15/98 352-373-8502

CR2E034 (10/97)