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Secretary of State

03-04-1999 90096 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000019570

1. Corporation Name
 NINETY EIGHTH STREET PROPERTY, INC.



Principal Place of Business: 537 NE 1ST ST, STE 5, GAINESVILLE FL 32601, US
 Mailing Address: 537 NE 1ST, ST STE 5, GAINESVILLE FL 32601, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5905 SW 36 way, Suite, Apt. #, etc. Gainesville FLA, 32608 - Alochua
 2a. Mailing Address: 5905 SW 36 way, Suite, Apt. #, etc. Gainesville FLA, 32608 Alochua

3. Date Incorporated or Qualified: 03/08/1995
 4. FEI Number: 59-3304864
 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent: STERN, ROBERT A, 537 NE 1ST, ST STE 5, GAINESVILLE FL 32601

10. Name and Address of New Registered Agent: 81 Name: John STETSON, 82 Street Address (P.O. Box Number is Not Acceptable): 5905 SW 36 WAY, 83 City: GAINESVILLE, 84 City: GAINESVILLE, 85 Zip Code: FL 32608

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: John Stetson (NOTE: Registered Agent signature required when reinstating) DATE: 2/24/98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | VPST | <input type="checkbox"/> DELETE |
| NAME | STERN, ROBERT A | |
| STREET ADDRESS | 537 NE 1ST ST | |
| CITY-ST-ZIP | GAINESVILLE FL 32601 | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | STETSON, JOHN | |
| STREET ADDRESS | 5905 SW 36 WAY | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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, with all other like empowered.

SIGNATURE: John Stetson DATE: 2/23/99 352-372-2726

CR2E034 (1/198)