

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

FILED
Apr 07 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 # P95000048303 (8)
1. Corporation Name

FLORIDA'S NATURE COAST REALTY, INC.



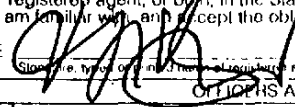
Principal Place of Business 2408 COMMERCIAL WAY SPRING HILL FL 34606	Mailing Address 2408 COMMERCIAL WAY SPRING HILL FL 34606
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7371 COMMERCIAL WAY Suite, Apt. #, etc. 22 City & State 23 WEEKI WACHEE FL Zip 24 34613 Country 25 USA		2a. Mailing Address 26 7371 COMMERCIAL WAY Suite, Apt. #, etc. 27 City & State 28 WEEKI WACHEE, FL Zip 29 34613 Country 30 USA		3. Date Incorporated or Qualified 06/19/1995
		4. FEI Number 59-3322544		Applied For 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 REGO, MICHAEL D 5390 SPRING HILL DR SPRING HILL FL 34606		10. Name and Address of New Registered Agent 81 Name RAYMOND P. VIRGILIO 82 Street Address (P.O. Box Number is Not Acceptable) 7371 COMMERCIAL WAY 83 WEEKI WACHEE 84 City FL 85 Zip Code 34613	
---	--	---	--

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  (NOTE: Registered Agent signature required when reinstating) DATE 4/1/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEOGHEGAN, GLORIA L	1.2 NAME	
STREET ADDRESS	9187 LINGROVE RD	1.3 STREET ADDRESS	11008 RED COACH ST.
CITY-ST-ZIP	BROOKSVILLE FL 34613	1.4 CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELMS, STEVEN V	2.2 NAME	
STREET ADDRESS	7300 WINTER ST	2.3 STREET ADDRESS	GLORIA L. GEOGHEGAN
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	11008 RED COACH ST
TITLE		3.1 TITLE	SPRING HILL, FL 34608
NAME		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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  GLORIA L. GEOGHEGAN 4/1/98 352 597-1237

CR2E034 (10/97)