

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000082568 (3)
1. Corporation Name
DUNEDIN REALTY INC.



Principal Place of Business 715 HIGHLAND AVE 552 Chicago Ave DUNEDIN FL 34698 US	Mailing Address 715 HIGHLAND AVE 552 Chicago Ave DUNEDIN FL 34698 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 552 Chicago Ave Suite, Apt. #, etc. 22 City & State Dunedin FL Zip 34698 Country US		2a. Mailing Address 26 552 Chicago Ave Suite, Apt. #, etc. 27 City & State Dunedin FL Zip 34698 Country US		3. Date Incorporated or Qualified 10/24/1995	
23 24 25		28 29 30		4. FEI Number 59-3346514 Applied For Not Applicable	
23 24 25		28 29 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 24 25		28 29 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 24 25		28 29 30		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

CHAGNON, CHRISTOPHER
~~715 HIGHLAND AVE~~ 552 Chicago Ave
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature typed or printed name of registered agent (not filed if applicable)

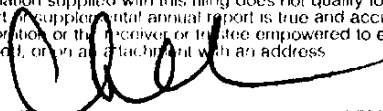
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CHAGNON, CHRIS	1.2 NAME	
STREET ADDRESS	715 HIGHLAND AVE 552 Chicago Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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:



2/4/98 813733-8484

CR2E034 (10/97)