

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

FILED

**May 06 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 # P95000093232 (3)
 1. Corporation Name
STARGATE PROPERTIES INC.



Principal Place of Business 12951 JULINGTON RIDGE DRIVE EAST JACKSONVILLE FL 32258-3412	Mailing Address 12951 JULINGTON RIDGE DRIVE EAST JACKSONVILLE FL 32258-3412
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10960 Beach Blvd Suite, Apt. #, etc. 22 #251 City & State 23 Jacksonville, FL Zip 24 32246		2a. Mailing Address 26 10960 Beach Blvd Suite, Apt. #, etc. 27 #251 City & State 28 Jacksonville, FL Zip 29 32244		3. Date Incorporated or Qualified 12/06/1995	
		4. FEI Number 59-3349155		Applied For Not Applicable	
		6. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent
DUPREL, MICHAEL A SR.
12951 JULINGTON RIDGE DRIVE EAST
JACKSONVILLE FL 32258-3412

10. Name and Address of New Registered Agent
81 Name TenBroeck, Karen F.
82 Street Address (P.O. Box Number is Not Acceptable) 10960 Beach Blvd
83 #251
84 City Jacksonville FL **85 Zip Code 32246**

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 *Karen F. TenBroeck* **Karen F. TenBroeck P/S/D** **4/27/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE D	DUPREL, MICHAEL A SR.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 12951 JULINGTON RIDGE DRIVE EAST	JACKSONVILLE FL 32258-3412	
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		
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 P/S/C	TenBroeck, Karen F.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	10960 Beach Blvd #251	
1.3 STREET ADDRESS	Jacksonville, FL 32244 32246	
1.4 CITY-ST-ZIP		
2.1 TITLE V/T/D	Hancock, Kimberly L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	7723 Homewood Drive	
2.3 STREET ADDRESS	Jacksonville, FL 32256	
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.

SIGNATURE: *Karen F. TenBroeck* **Karen F. TenBroeck** **4/27/98** **(904) 779-5480**

CR2E034 (10/97)