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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000012283 (3)

FIRST COAST REALTY MANAGEMENT, INC.

Principal Place of Business Mailing Address 1732 KINGSLEY AVE 1732 KINGSLEY AVE SUITE 202 SUITE 202 ORANGE PARK FL 32073 DO NOT WRITE IN THIS SPACE **ORANGE PARK FL 32073** 3. Date Incorporated or Qualified 02/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3358739 Not Applicable Suite, Apt. #, etc. Suile, Apt. #, etc \$8.75 Additional 净 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country B. This corporation owes or has paid the current year Intangible **Æ** Yes 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 81 Name PERRY, ALAN 1732 KINGSLEY AVE Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 202 ORANGE PARK FL 32073 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstaling) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DECETE HILE DST Change Addition PERRY, ALAN NAME 12 NAME 1732 KINGSLEY AVE SUITE 202 STREET ADDRESS 1.3 STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition CONNER, JOHN W NAME 22 NAME 1732 KINGSLEY AVE SUITE 202 STREET ADDRESS 2.3 STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY - ST - ZIP 34 CITY - ST - ZIP DELETE 4.1 TITLE Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Addition STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZIP 5 4 CITY - ST - ZIP DELETE Change Addition TITLE **61 TITLE** NAME 6.2 NAME

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 supplier ental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or frusted 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

& 3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

ZOAR98 904-278-0148

FILED

Apr 30 1998 8:00am

Secretary of State