


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

**FILED**  
**Mar 23 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000019447 (7)**  
 1. Corporation Name  
**JAPANESE GARDENS REALTY, INC.**



Principal Place of Business <b>6181 TEAHOUSE RD. VENICE FL 34293</b>	Mailing Address <b>6181 TEAHOUSE RD. VENICE FL 34293</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/29/1996</b>	
21	22	23	24	25	26
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number <b>65-0664442</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KORP, WILLIAM R</b> <b>333 S. TAMiami TRAIL</b> <b>SUITE 199</b> <b>VENICE FL 34285</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>T</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>WALCZAK, CHARLES</b>		1.2 NAME	<b>Edwin I. Brady</b>			
STREET ADDRESS	<b>501 LOTUS BLOSSOM DR.</b>		1.3 STREET ADDRESS	<b>5631 Orange Blossom</b>			
CITY-ST-ZIP	<b>VENICE FL</b>		1.4 CITY-ST-ZIP	<b>Venice, FL 34293</b>			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>SHONGOOD, RUTH</b>		2.2 NAME	<b>Ruth Shongood</b>			
STREET ADDRESS	<b>500 MORNING GLORY DR.</b>		2.3 STREET ADDRESS	<b>500 Morning Glory</b>			
CITY-ST-ZIP	<b>VENICE FL 34293</b>		2.4 CITY-ST-ZIP	<b>Venice, FL 34293</b>			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>NELSON, CHARLES</b>		3.2 NAME	<b>Charles Nelson</b>			
STREET ADDRESS	<b>551 ORIENTAL POPPY DR.</b>		3.3 STREET ADDRESS	<b>551 Oriental Poppy</b>			
CITY-ST-ZIP	<b>VENICE FL 34293</b>		3.4 CITY-ST-ZIP	<b>Venice, FL 34293</b>			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<b>S</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	<b>Georgina Bowser</b>			
STREET ADDRESS			4.3 STREET ADDRESS	<b>5740 Hyacinth</b>			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<b>Venice, FL 34293</b>			
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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:** Charles Nelson *Charles Nelson* **3/13/98** **941-493-0033**

CR2E034 (10/97)