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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000032053 (6) **DOCUMENT #**

Principal Place of Business	Mailing Address
591 JUPITER BLVD NW	591 JUPITER BLVD NW
PALM BAY FL 32907	PALM BAY FL 32907

FILED May 04 1998 8:00am Secretary of State

AHLER REALTY COMPANY DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3373117 Not Applicable 21 Suite, Apt. #, etc. Suite. Apl. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes XX No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BOYD, BRADLEY K 100 RIALTO PLACE STE 727A Street Address (P.O. Box Number is Not Acceptable) 62 MELBOURNE FL 32901 83 84 City 85 Zip Code 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 agont, 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition Ď TITLE 1.1 TITLE FRIDOLE, JUDITH K 1.2 NAME 591 JUPITER BLVD NW STREET ADDRESS 1.3 STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 21 TITLE TITLE AHLER-FRIDOLE, JUDITH K 2.2 NAME NAME 591 JUPITER BLVD NW STREET ADDRESS 2.3 STREET ADDRESS PALM BAY FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NALLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change ___ Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

Thereby 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 attaction with an oddress.

GNATURE

GN

SIGNATURE