


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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000051112 (6)**

1. Corporation Name
MARANATHA REAL ESTATE INVESTMENTS INCORPORATED



Principal Place of Business 35C GULF BREEZE PKY. GULF BREEZE FL 32561	Mailing Address 35C GULF BREEZE PKY. GULF BREEZE FL 32561
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2415 Farris Ave		2a. Mailing Address 26 P.O. Box 37148		3. Date Incorporated or Qualified 06/13/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3385139	
22 City & State Pensacola FL		27 City & State Pensacola FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 32526		28 Zip 32526		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALLEN, RALPH H 2415 FARRIS AVE. PENSACOLA FL 32526				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Allen, Ralph H.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLEN, RALPH H		1.2 NAME P.O. Box 37148	
STREET ADDRESS 35C GULF BREEZE PKY.		1.3 STREET ADDRESS Pensacola, FL 32526	
CITY-ST-ZIP GULF BREEZE FL 32561		1.4 CITY-ST-ZIP Pensacola, FL 32526	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Allen, Ralph H	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME 2415 Farris Ave	
STREET ADDRESS		2.3 STREET ADDRESS Pensacola, FL 32526	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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:

Ralph H. Allen 4-20-98 (850) 941-8112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0508168

CR2E034 (10/97)