


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 JUL 22 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000070464 (8)**

1. Corporation Name  
**MR REAL ESTATE, INC.**



Principal Place of Business <b>3224 SW 35TH BLVD. GAINESVILLE FL 32608</b>	Mailing Address <b>3224 SW 35TH BLVD. GAINESVILLE FL 32608</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 SAME AS ABOVE</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>08/22/1996</b>	3a. Date of Last Report <b>1ST Renewal</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3414837</b>	Applied For Not Applicable
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25 ALACHUA</b>	Zip <b>29 32608</b>	Country <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				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

**DISGDIERTI, MANUEL A  
3224 SW 35TH BLVD.  
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

81 Name <b>MANUEL A. DISGDIERTI SR.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4228 NW 10TH ST.</b>
83
84 City <b>GAINESVILLE</b>
85 Zip Code <b>FL 32609</b>

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 **MANUEL A. DISGDIERTI SR.** **MANUEL A. DISGDIERTI SR.** **7/15/97**  
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD DISGDIERTI, MANUEL A 3224 SW 35TH BLVD. GAINESVILLE FL 32608</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000002247270--8 -07/24/97--01121--012 ****165.00 ****165.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MITCHELL, ROBERT A 3224 SW 35TH BLVD. GAINESVILLE FL 32608</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCDONALD, DANIEL J 19528 NO CR 225 GAINESVILLE FL 32609</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 or is changed, or on an attachment with an address.

SIGNATURE **MANUEL A. DISGDIERTI SR.** **MANUEL A. DISGDIERTI SR.** **3224 SW 35TH BLVD.** **GAINESVILLE FL 32608** **(352)**

CR2E034 (4/97)