

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000012216 (2)

1. Corporation Name

AEGI PROPERTIES, INC.



Principal Place of Business

Mailing Address

1713 PENMAN ROAD
JACKSONVILLE BEACH FL 32250

1713 PENMAN ROAD
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1200 Mayport Road		26 1200 Mayport Road		02/05/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		59-3423571	
24 Zip		29 Zip		Applied For	
32233		32233		Not Applicable	
25 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Atlantic Beach Florida		28 Atlantic Beach Florida		6. Election Campaign Financing	
				Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32233		29 32233		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

10. Name and Address of New Registered Agent

KEIFER, ORION P P.E.
1713 PENMAN ROAD
JACKSONVILLE BEACH FL 32250

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1200 Mayport Road

83

84

City Atlantic Beach

FL

85

Zip Code

32233

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	President	1.1 TITLE	
NAME	Orion P. Keifer	1.2 NAME	
STREET ADDRESS	1200 Mayport Rd	1.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach FL 32233	1.4 CITY-ST-ZIP	
TITLE	Vice President	2.1 TITLE	
NAME	Thomas C. Heilmann	2.2 NAME	
STREET ADDRESS	1200 Mayport Rd	2.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach, FL 32233	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	Secretary/Treasurer	4.1 TITLE	
NAME	Brenda J. Scruss	4.2 NAME	
STREET ADDRESS	1200 Mayport Rd	4.3 STREET ADDRESS	
CITY-ST-ZIP	Atlantic Beach FL 32233	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 in an attachment with an address.

SIGNATURE

4/15/98 / 90107116 1218

CR2E034 (10/97)