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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024646 (6)

FILED

Secretary of State

May 18 1998 8:00 am

| UNITEL |) REALTY, INC. | | | T I DE MOTO DI CARRE NEGLE BENNI | ISIN SIRIR ANIN DIJIN SIN 1881 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------|
| | | | | | |
| Principal Place of Business | | Mailing Address | | | iste meines Acces acata acres casas |
| 2225 SR 3 | | 2225 SR 3 | | | |
| SUITE 11A ST AUGUSTINE FL 32084 | | SUITE 11A ST AUGUSTINE FL 32084 | | DO NOT WRITE IN THIS SPACE | |
| | | 0. 11000011112 12 02001 | | 3. Date Incorporated or Qualified | |
| | | | | 03/17/1997 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-3437659 | Not Applicable |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | | City & State | | Station Committee Financian | Fee Required |
| 23 | | 28 | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zφ | Country | 8. This corporation owes or has paid the c | |
| 24 | 25 | 29 | 30 | Personal Property Tax due June 30. | Yes No |
| | g. Name and Address of Current | t Registered Agent | | 10. Name and Address of New Registered | d Agent |
| | MORROW, THOMAS F ESQ | | 81 Name | | |
| | OI RIVERPLACE BLVD | | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) | |
| | TE 1836 | | 83 | | |
| JAL | CKSONVILLE FL 32207 | | 83 | | |
| | | | 84 City | F | 85 Zip Code |
| 11, Pursuant | to the provisions of Sections 607.0502 | and 607,1508, Florida Statute | es, the above-named corpo | oration submits this statement for the nurnose | 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 preflud name of registered age: | | Registered Agent signature require | | |
| 12. | OFFICERS AND | DELETE DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS AT | ID DIRECTORS IN 12 Change Addition |
| NAME | HALSTEAD, GERALD L | | | iscretury Davidson | Li cliange La Addition |
| STREET ADDRESS | 116 SEYCHELLES COURT | | 1.3 STREET ADDRESS | s cool water ct. | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32084 | | | WIM COAST, Th. 3213 | 7 |
| TITLE | | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY-SY-ZIP | | <u> </u> | 2 4 CITY - ST - ZIP | | 7-1 |
| TITLE | | ☐ DELETE | 3 1 TITLE | | Change Addition |
| NAME STREET ADDRESS | | | 3.2 NAME | | |
| CITY-ST-ZIP | | | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | • |
| CITY-SY-ZIP | | · · · · · · · · · · · · · · · · · · · | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | T DELETE | 5.4 Crty-St-ZiP | | Change Addition |
| TITLE NAME | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| STREET ADDRESS | | | 6.2 NAME 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | i i | | |
| GHT-SI-EIF | | | 6.4 CITY-ST-ZIP | | |

14. 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 trustree 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 an artistachment with an address.

SIGNATURE: