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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

FILED Feb 09 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000028908 (6) REALPRO REALTY, INC. Principal Place of Business Mailing Address 9074 PROSPERITY LAKE DR 9074 PROSPERITY LAKE DR JACKSONVILLE FL 32244 JACKSONVILLE FL 32244 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1997 rincipal Place of Business 857 Wells Applied For 2a. Mailing Address 1857 Wells Rd Suite, Apt. #, etc. Not Applicable \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be PARK Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANTORO, THOMAS C 1700 WELLS RD R2 Street Address (P.O. Box Number is Not Acceptable) SUITE 5 **ORANGE PARK FL 32073** 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 agent, or post, 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 familial with, and accept the obligations of, Section 607.0505, Florida Statutes. Douglas ppcrson SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1.1 TITLE APPERSON, DOUGLAS R NAME 1.2 NAME 9074 PROSPERITY LAKE DR STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32244 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TID F TITLE APPERSON, DOUGLAS R 2.2 NAM NAME 9074 PROSPERITY LAKE DR STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32244 CITY-ST-ZIP 2.4 City-St-ZiP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME

6.3 STREET ADDRESS

Appersua

-30-98 904 278 744

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filting 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 of the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed or original attachment with an address.