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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700040435 (4)

MONTANA REALTY COMPANY

73 SOUTH P SUITE 223 SARASOTA F	alm avenue Fl 34236	73 SOUTH PALM AVENUE SUITE 223 SARASOTA FL 34236		DO NOT WRITE IN THIS 3. Date incorporated or Qualified 05/07/1997	S SPACE
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number 65- 6751439	Applied For Not Applicable
	lite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the corporation Property Tax due June 30.	urrent year Intangible
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134			81 Name82 Street8384 City	Address (P.O. Box Number is Not Acceptable)	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 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, typod or printed name of registered agent and liftin if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 19
TITLE	D OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	MEIER, LEE R		1.2 NAME		change Addition
STREET ADDRESS	73 SOUTH PALM AVENUE				
	SARASOTA FL 34238		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	N SANASOTA PL 34230	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	 	Change Addition
NAME	TICHENOR, ROGER A	DECEN	2.1 IIILE 2.2 NAME		C cusude C vontion
	73 SOUTH PALM AVENUE		1		
STREET ADDRESS	SARASOTA FL 34236		2.3 STREET ADDRESS		
CITY-ST-ZIP	9ATA301A 11 34230	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		pecete	***************************************	1	C creating C Manufacture
			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
==				-	C cuange C Modition
NAME			4. 2 NAME		

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 supply mental 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 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 pranged or on an attach from 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 pranged or on an attach from the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corp

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

Block 13 or Block 13 if Phangagor or an all pringrient with an address.

DELETE

DELETE

4/16/98.

Change

Change

Addition

Addition

FILED

Apr 23 1998 8:00am

Secretary of State