

FILED
 Jul 01 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P97000054345 (8)
 Corporation Name
 CRABTREE REAL ESTATE CORPORATION



Principal Place of Business: 9250 BAYMEADOWS ROAD SUITE 230 JACKSONVILLE FL 32256
 Mailing Address: 9250 BAYMEADOWS ROAD SUITE 230 JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE
 Date Incorporated or Qualified: 06/19/1997

21 Principal Place of Business: 6756 RAMOTH DR
 Suite, Apt. #, etc.
 22
 23 City & State: JAX, FL
 Zip: 32226
 Country: DUVAL
 24
 25
 26 Mailing Address: 6756 RAMOTH DR
 Suite, Apt. #, etc.
 27
 28 City & State: JAX, FL
 Zip: 32226
 Country: DUVAL
 29
 30

FBI Number: 59-3454796
 Applied For: Not Applicable
 Certificate of Status Desired: \$8.75 Additional Fee Required
 Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9 Name and Address of Current Registered Agent
 COLEMAN, C. RANDOLPH
 9250 BAYMEADOWS ROAD
 SUITE 230
 JACKSONVILLE FL 32256

Name and Address of New Registered Agent
 81 Name: D. MICHAEL CARTER, C.P.A.
 82 Street Address (P.O. Box Number is Not Acceptable): 2570 ATLANTIC BLVD. SUITE 1
 83
 84 City: JACKSONVILLE FL 85 Zip Code: 32207

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: *William T. Crabtree* (NOTE: Registered Agent signature required when reappointing)
 DATE: 4/21/98

OFFICERS AND DIRECTORS			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	CRABTREE, WILLIAM T		D
STREET ADDRESS	4463 BEACON DRIVE W		CRABTREE WILLIAM T
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.2 NAME
			1.3 STREET ADDRESS
			6756 RAMOTH DR.
			1.4 CITY-ST-ZIP
			JACKSONVILLE FL 32226
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	CRABTREE, WILLIAM E		
STREET ADDRESS	6756 RAMOTH DRIVE		2.2 NAME
CITY-ST-ZIP	JACKSONVILLE FL 32225		2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	CRABTREE, JERRY A		
STREET ADDRESS	6756 RAMOTH DRIVE		3.2 NAME
CITY-ST-ZIP	JACKSONVILLE FL 32225		3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			
STREET ADDRESS			4.2 NAME
CITY-ST-ZIP			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			
STREET ADDRESS			5.2 NAME
CITY-ST-ZIP			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			100002578511
STREET ADDRESS			-07/02/98--01008--039
CITY-ST-ZIP			***150.00

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 on an attachment with an address.

CR2E034 (10/97)