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

STREET ADORESS

SIGNATURE:

CITY-ST-ZIP

FILED May 13 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 # S01412 (3)FIDELITY REAL ESTATE ENTERPRISES, INC. Principal Place of Business Mailing Address 8015 CHESTER CIRCLE 8015 CHESTER CIR DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 3. Date Incorporated or Qualified 10/01/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3040888 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes □ No 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MCCOY, JOHN F **6015 CHESTER CIRCLE** Street Address (P.O. Box Number is Not Acceptable) **STE 107** JACKSONVILLE FL 32217 83 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 1.1 TITLE Change TITLE MCCOY, JOHN F 1.2 NAME NAME 6015 CHESTER CIR, SUITE 107 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MCCOY, JOHN F JR NAME 2.2 NAME 6015 CHESTER CIR SUITE 107 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME

> 6.3 STREET ADDRESS 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 on an altechment with an address.