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SECRETARY OF STATE
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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S42498 (2)**
1. Corporation Name
Greg Kite Realty Inc

Principal Place of Business Mailing Address
PO BOX 616957 ORLANDO FL 32861-6957 US
PO BOX 616957 ORLANDO FL 32861-6957 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country
29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
09/26/1989 04/25/1994
4. FEI Number Applied For
59-3238290 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GASQUE, JAMES T.
1233 GLEWOOD AVE
ORLANDO FL 32807

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 _____ DATE _____
Signature (typed or printed name of registered agent and fee if applicable) NOTE: Registered Agent signature required when translating

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	KITE, GREGORY F.
STREET ADDRESS	4621 S. FERNCREEK AVE.
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	JOHN KING
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V
NAME	GASQUE, JAMES T
STREET ADDRESS	1233 GLEWOOD AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	KITE, GREGORY F.	
3. STREET ADDRESS	1857 LAKE GROVE LANE	
4. CITY-ST-ZIP	ORLANDO, FL 32806	
2. NAME	DELETE	
3. TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GASQUE, JAMES T.	
3.3 STREET ADDRESS	1185 SUGARBELT DRIVE	
3.4 CITY-ST-ZIP	ST CLUD, FL 34771	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. The information furnished on this report was voluntarily furnished and does not qualify for the Non-Resident Director Section 119.07(3)(k), Florida Statutes. I further certify that the information furnished on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. This information is for the use of the Secretary of State for the purpose of having registered to file into this report as required by Chapter 119, Florida Statutes, and that the same appears in the "20th Annual Report" of the corporation with an address.

SIGNATURE: *J. T. Gasque*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 28-APR-95
TITLE: V.P.
407-855-6515