FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTE R 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REIN E: \$750). Jul 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT STATE CORPORATION Sandra B. Morth **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPOR ONS DOCUMENT # (8)M&E REALTY CORP. Principal Place of Business Mailing Address 3959 PRAIRIE DUNE DR 3959 PRAIRIE DUNES DR. SARASOTA FL 34238 SARASOTA FL 34238 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 10/04/1991 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0295902 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip 8. This corporation owes or has paid the current year intangible Zip Country Country Yes 24 Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 81 morton 1201 HAYS STREET 82 SUITE 105 Prairie 83 TALLAHASSEE FL 32301 84 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. Myorson
ne of registers agent end title if applicable **SIGNATURE** (NOTE: Registered A CR2E034 (5/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 1 STITLE __ DELETE __ Change ___ Addition MYERSON, MORTON NAME 1.2 NAME 3959 PRAIRIE DUNES DR. STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY-S1-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME MYERSON, ELEANOR 2.2 NAME 3959 PRAIRIE DUNES DR. STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE TITLE DELETE ___ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE Change DELETE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZiP TITLE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 an an attachment with an advess.

SIGNATURE: