

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J02469 (1)
 1. Corporation Name
PACE ISLAND REALTY CORP.



Principal Place of Business 1733 PACE ISLAND TRACE ORANGE PARK FL 32073	Mailing Address 1733 PACE ISLAND TRACE ORANGE PARK FL 32073
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/06/1986	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.		28 City & State		29 Zip	
30 Country		31		32	
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9. Name and Address of Current Registered Agent KEEFE, KENNETH M. JR. 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, JOHN H. JR.	1.2 NAME	
STREET ADDRESS	MOCCASIN SLOUGH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, SUSAN D.	2.2 NAME	
STREET ADDRESS	1733 PACE ISLAND TRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILNER, FLORENCE D.	3.2 NAME	
STREET ADDRESS	1733 PACE ISLAND TRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Halter, Kathleen A.
STREET ADDRESS		4.3 STREET ADDRESS	1733 Pace Island Trace
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orange Park, FL 32073
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Harrison, Melvin R.
STREET ADDRESS		5.3 STREET ADDRESS	1733 Pace Island Trace
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orange Park, FL 32073
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)