

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

FILED

**Apr 29 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 # K03028 (3)

1. Corporation Name
EASTERN REAL PROPERTY INC.



Principal Place of Business 1000 CRAWFORD PLACE STE #101 MOUNT LAUREL NJ 18222 US	Mailing Address 1000 CRAWFORD PLACE STE #101 MOUNT LAUREL NJ 08054 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. Suite 400 22 City & State Zip	2a. Mailing Address 26 Suite, Apt. #, etc. Suite 400 27 City & State Zip
25 Country	30 Country

3. Date Incorporated or Qualified 11/20/1987	4. FEI Number 59-2859407	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MCNAMARA, THOMAS P.
4100 BARNETT PLAZA
101 EAST KENNEDY BLVD.
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

TITLE	P	<input type="checkbox"/> DELETE
NAME	PAOLINO, LOUIS	
STREET ADDRESS	1000 CRAWFORD PLACE	
CITY-ST-ZIP	MOUNT LAUREL NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KRZEMIEN, GREGORY	
STREET ADDRESS	ROUTE 309 NORTH BOX 4452 N/A	
CITY-ST-ZIP	DRUMS PA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PATRICK, TERRY	
STREET ADDRESS	1000 CRAWFORD PLACE	
CITY-ST-ZIP	MOUNT LAUREL NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1000 CRAWFORD PLACE
2.4 CITY-ST-ZIP	MT LAUREL NJ 08054
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT KRAMER
3.3 STREET ADDRESS	1000 CRAWFORD PLACE
3.4 CITY-ST-ZIP	MT LAUREL NJ 08054
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. 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 my address.

SIGNATURE _____ DATE **3/19/98**

CR2E034 (10/97)