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

CITY-ST-ZIP

SIGNATURE: Arlen S. Alton

**PROFIT** Apr 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 234594 (0) AMERICAN REALTY GROUP, INC. Principal Place of Business Mailing Address 7310 CENTRAL AVE. 7310 CENTRAL AVE. ST PETERSBURG FL 33707 ST PETERSBURG FL 33707 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/2<u>1/1967</u> 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 59-1151587 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Ζıp Country Country 8. This corporation owes or has paid the current year Intangible □Ño 24 Yes 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name ALTON, ARLEN S 7310 CENTRAL AVE 82 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33711 83 AA City 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 aignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. 13. DELETE Addition Change TITLE 1.1 TITLE ALTON, ARTHUR S. NAME 1.2 NAME 15102 15TH ST STREET ADDRESS 1.3 STREET ADDRESS **LUTZ FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition PDT TITLE 2 1 TITLE ALTON, ARLEN S. 2.2 NAME NAME 7310 CENTRAL AVE. 2.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG, FL 00000 2.4 CiTY-ST-ZIP CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZiP CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP-

14. I hereby certify that the information supplied with this filling 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, 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 trusteed in execute the report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a laddress.

**FILED** 

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