

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90088 050 ***158.75

DOCUMENT # 616872

1. Corporation Name
CENTURY REALTY FUNDS, INC.

Principal Place of Business
5015 SOUTH FLORIDA AVE.
SUITE 200
LAKELAND FL 33813

Mailing Address
P.O. BOX 5252
LAKELAND FL 33807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1979

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

4. FEI Number

59-1882315

Applied For

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

8. This corporation owes the current year intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

McFARLAND, PETER A. ESQ.
PETER A. MEFARLANE, P.A.
5015 SOUTH FLORIDA AVE. #215
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV
NAME MAXWELL, LAWRENCE W.
STREET ADDRESS 5015 SOUTH FLORIDA AVE. #200
CITY-ST-ZIP LAKELAND FL

DELETE

TITLE DP
NAME MOATS, RAYMOND L.
STREET ADDRESS 5015 SOUTH FLORIDA AVE. #200
CITY-ST-ZIP LAKELAND FL

DELETE

TITLE T
NAME KELLEY, KIM
STREET ADDRESS 5015 SOUTH FLORIDA AVE. #200
CITY-ST-ZIP LAKELAND FL 33813

DELETE

TITLE V
NAME MAXWELL, LAWRENCE T
STREET ADDRESS 5015 SOUTH FLORIDA AVENUE #200
CITY-ST-ZIP LAKELAND FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE V
2.2 NAME Bochs, George J.
2.3 STREET ADDRESS 5015 South Florida Ave. #200
2.4 CITY-ST-ZIP Lakeland FL

Change Addition

3.1 TITLE SIT
3.2 NAME Falk, Benjamin D.E.
3.3 STREET ADDRESS 5015 South Florida Ave. #200
3.4 CITY-ST-ZIP Lakeland FL

Change Addition

4.1 TITLE P
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE AT
5.2 NAME Kelley, Kim
5.3 STREET ADDRESS 5015 South Florida Ave #200
5.4 CITY-ST-ZIP Lakeland FL 33813

Change Addition

6.1 TITLE AS
6.2 NAME Ebdrup, Bridget
6.3 STREET ADDRESS 5015 South Florida Ave #200
6.4 CITY-ST-ZIP Lakeland FL 33813

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence T. Maxwell

4/7/99

(941) 647-1581

Date

Daytime Phone #

CR2034 (11/98)