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

FILED
Apr 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

DOCUMENT # F97000004394

1. Corporation Name
LARGO REAL ESTATE ADVISORS INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8-20-97

2. Principal Place of Business
21 550 N. REO ST
Suite, Apt. #, etc.
22 SUITE 300
City & State
23 TAMPA, FL
Zip 24 33609 Country 25 U.S.A.

2a. Mailing Address
26 P.O. BOX 23986
Suite, Apt. #, etc.
27
City & State
28 TAMPA, FL.
Zip 29 33623 Country 30 U.S.A.

4. FEI Number: 51-0320699 — 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: G. EDWARD FUSIA
82 Street Address (P.O. Box Number is Not Acceptable): 550 N. REO ST
83 SUITE 300
84 City: TAMPA FL 85 Zip Code: 33609

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: G. EDWARD FUSIA (NOTE: Registered Agent signature required when reinstating) DATE: 3-26-98

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	GARY J. COSCIA	
STREET ADDRESS	69 DELAWARE AVE - SUITE 707	
CITY-ST-ZIP	BUFFALO, N.Y. 14202	
TITLE	S	☐ DELETE
NAME	JOANNE COSCIA	
STREET ADDRESS	69 DELAWARE AVE - SUITE 707	
CITY-ST-ZIP	BUFFALO, N.Y. 14202	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	700002486866	☐ Change ☐ Addition
6.2 NAME	-04/13/98--01080--016	
6.3 STREET ADDRESS	***158.75	
6.4 CITY-ST-ZIP		

04/13

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 any address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/30/98 — Daytime Phone #: 854-8261 (716)

CR2E034 (10/97)