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

ROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000004261

Principal Place of Business

ASSET REALIZATION OF DELAWARE, INC.

200 CENTRAL AVENUE. SUITE 2300 ST. PETERSBURG FL 33701		200 CENTRAL AVENUE. SUITE 2300 ST. PETERSBURG FL 33701		
2. Principal Place of Bus	siness	2a.	Mailing Addre	 SS
Suite, Apt. #, etc.		Suite, Apt. #, etc		
City & State		27	City & State	
Zip 24	Country 25	29	Ziρ	Country [30]
	e and Address of Cu	rrent Regist	ered Agent	

Mailing Address

GILES, JOEL B ESQ. C/O CARLTON FIELDS 200 CENTRAL AVE., SUITE 2300 ST. PETERBURG FL 33701

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



	59-3234697		+ +	Applied Fi Not Applie
5.	Certificate of Status Desired	X I	\$8.75 Addition Fee Required	
6.	Election Campaign Financing Trust Fund Confribution	[\$5.00 May Be Added to Fees	
8.	This corporation owes the cum Personal Property Tax	ent year	Intangible [] Yes	[.] N o
10.	Name and Address of New R	egistere	d Agent	

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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

81 Name

82

83

84 City

Street Ad

SIGNATURE	Signature, typed or printed name of registered agent and title if approachie (NOTE R	legistered Agent signature in	source Ewdens from 3 droup DATE 1						
12.	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12					
TITLE	CP [] DELETE	13.	[]C	nange [] Addition					
NAME	MCNEEL, VAN L	1.2 NAME							
STREET ADDRESS	5401 W. KENNEDY BLVD., SUITE 751	13 STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL 33609	14 CiTy-ST-ZiP							
TITLE	V [□] DELETE	2 1 TITLE	(10						
NAME	WOOD, RENE M	2.2 NAME	6000028671; -03/07/99010	365					
STREET ADDRESS	5401 W. KENNEDY BLVD., SUITE 751	2.3 STREET ADDRESS							
CITY-ST-ZIP	TAMPA FL 33609	2 4 CiTY-ST-ZIP	****158.75 **	###158.7S					
TITLE	☐ DELETE	3 1 1 I I L f	[]0	nange [] Addition					
NAME		32 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		34 CITY-ST-ZIP							
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NAME		4 2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 CITY-S1-ZIF							
TITLE	[] DELETÉ	51 TITLE	[] Or	nange [] Addition					
NAME		5.2 NAME							
STREET ADDRESS		53 STREET ADDRESS							
CRY-ST-ZIP		54 CITY-ST-ZIP							
TITLE	[] DELETE	6 1 THLE	[]Cr	nange [Addition					
NAME		62 NAME		~(^)					
STREET ADDRESS		63 STREET ADDRESS		7(1)					
CITY-ST-2IP		64 CITY-ST-ZIP		()//					

es not qualify for the exemption slated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same togal effect as if made under oath, that I am an empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in address, with all other like empowered.

Rene' M. Wood, Vice Pres.; 4/29/99; (813) 286-8680