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Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90018 009 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # G79320

1. Corporation Name
WSR REALTY GROUP, INC.



Principal Place of Business
**600 5TH AVENUE. S
 SUITE 210
 NAPLES FL 34102
 US**

Mailing Address
**600 5TH AVENUE. S
 SUITE 210
 NAPLES FL 34102
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

3. Date Incorporated or Qualified
01/18/1984

4. FEI Number
59-2365501

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
**SISIA, DONNA M
 600 5TH AVENUE, SOUTH
 SUITE 210
 NAPLES FL 34102**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	SV/S/D
NAME	SCHROEDER, MICHAEL	1.2 NAME	
STREET ADDRESS	600 5TH AVENUE, S., SUITE 210	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	
NAME	WASMER, MARTIN M.	2.2 NAME	
STREET ADDRESS	600 5TH AVE S STE 210	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	V/T/D
NAME	SISIAN, DONN	3.2 NAME	Sisia, Donna M.
STREET ADDRESS	600 5TH AVE, STE 210	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an address, with all other like empowered.

SIGNATURE: Donna M. Sisia Donna M. Sisia 4/1/99 94-263-6877
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0454853
 CR2E034 (11/98)