

FILE NOW: FILING FEE AFTER MAY 1 IS \$55

FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF Sandra B. Moir Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H32829** (4)

1. Corporation Name
COSMOPOLITAN REALTY OF TAMPA, INC.



Principal Place of Business 3001 N HOWARD AVENUE A TAMPA FL 33607 US	Mailing Address 3001 N HOWARD AVENUE A TAMPA FL 33607-1645 US
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3. Date Incorporated or Qualified 12/05/1984	3a. Date of Last Report 02/28/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2469996	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**O'STEEN, TONI F.
4213 DEEPWATER LANE
TAMPA FL 33615**

10. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	O'STEEN, TONI	
STREET ADDRESS	4213 DEEPWATER LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2		
1.3	T ADDRESS	
1.4	ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1		
2.2		
2.3	T ADDRESS	
2.4	ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1		
3.2		
3.3	T ADDRESS	
3.4	ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1		
4.2		
4.3	T ADDRESS	
4.4	ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1		
5.2		
5.3	T ADDRESS	
5.4	ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1		
6.2		
6.3	T ADDRESS	
6.4	ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to file 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.

SIGNATURE

Toni F. Osten

3/15/97

CR2E034 (9/96)