

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05 1998 8:00am
Secretary of State

DOCUMENT # J49769 (9)

1. Corporation Name
FLORIDA PROPERTY CONSULTANTS, INC.



Principal Place of Business

Mailing Address

840 BEACH DR N E
ST. PETERSBURG FL 33701
US

840 BEACH DR N E
ST. PETERSBURG FL 33701
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified 12/22/1986	
4. FEI Number 59-2770398	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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RHODE, TIMOTHY R. 116 8TH AVE. N.E. ST. PETERSBURG FL 33701		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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	VD	1.1 TITLE	PRESIDENT
NAME	RHODE, TIMOTHY R	1.2 NAME	RHODE, TIMOTHY R.
STREET ADDRESS	116 8TH AVE. N.E.	1.3 STREET ADDRESS	116 8TH AVE. N.E.
CITY-ST-ZIP	ST. PETERSBURG FL 33701	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	TD	2.1 TITLE	S
NAME	RHODE, BARBARA A	2.2 NAME	HERTZ, GLORIA ANNE
STREET ADDRESS	116 8TH AVENUE N.E.	2.3 STREET ADDRESS	4860 108TH ST. NORTH
CITY-ST-ZIP	ST. PETERSBURG FL 33701	2.4 CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE	P	3.1 TITLE	
NAME	HOFFMAN, ERIC A	3.2 NAME	
STREET ADDRESS	234 8TH AVE N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	GAYDOS, JOHN J	4.2 NAME	
STREET ADDRESS	8231 44TH STREET NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34665	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.

SIGNATURE _____ 76 Feb 98 012/221-2233

CR2E034 (10/97)