

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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90101 009 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # K36324

1. Corporation Name

CLW REALTY ASSET GROUP, INC.



Principal Place of Business

C/O CRAIG HUNTER  
2502 ROCKY POINT DRIVE, SUITE 695  
TAMPA FL 33607  
US

Mailing Address

C/O CRAIG HARTER  
2502 ROCKY POINT DRIVE, SUITE 695  
TAMPA FL 33607  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1988

2. Principal Place of Business

21 4301 ANCHOR PLAZA PARKWAY

2a. Mailing Address

26 4301 ANCHOR PLAZA PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 400

27 SUITE 400

23 TAMPA, FL

28 TAMPA, FL

24 33634 25 US

29 33634 30 US

4. FEI Number

59-2909851

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

HARTER, CRAIG  
2502 ROCKY POINT DRIVE, STE 740  
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4301 ANCHOR PLAZA PARKWAY

83 SUITE 400

84 City TAMPA

FL

85 Zip Code 33634

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME LAUER, F B  
STREET ADDRESS 2502 ROCKY POINT DR  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE ST  
NAME HARTER, CRAIG R.  
STREET ADDRESS 2502 ROCKY POINT DRIVE, SUITE 640  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE VP  
NAME VARSAMES, LOUIS  
STREET ADDRESS 2502 ROCKY POINT DRIVE, SUITE 695  
CITY-ST-ZIP TAMPA FL 33607

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

4301 Anchor Plaza Parkway, Ste 400  
Tampa, FL 33634

2.1 TITLE

☒

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

430 Anchor Plaza Parkway, Ste 400  
Tampa, FL 33634

3.1 TITLE

☒

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4301 Anchor Plaza Parkway, Ste 400  
Tampa, FL 33634

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

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)