

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY - 1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N33831 (1)
1. Corporation Name
CENTURY 21 PINELLAS COUNCIL, INC.

Principal Place of Business C/O FRAN RUPE 7800-113TH STREET NORTH, STE. 203 SEMINOLE FL 34642	Mailing Address C/O FRAN RUPE 7800-113TH STREET NORTH, STE. 203 SEMINOLE FL 34642
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/21/1989	3a. Date of Last Report 03/17/1994
4. FEI Number 59-2957614	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under Ch. 100.002, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**RUPE, FRAN
7800 - 113TH STREET NORTH
SUITE 203
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent

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 agent 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	D
NAME	ILES, STEPHEN
STREET ADDRESS	1501 GULF BLVD. INDIAN ROCKS BCH FL
CITY, ST, ZIP	
TITLE	D
NAME	DEMANT, JOHN
STREET ADDRESS	15123 MADEIRA WAY MADEIRA BCH FL
CITY, ST, ZIP	
TITLE	D
NAME	RHODES, HELEN
STREET ADDRESS	1901 TYRONE BLVD. N. ST. PETERSBURG FL
CITY, ST, ZIP	
TITLE	D
NAME	RHODES, NELSON
STREET ADDRESS	1901 TYRONE BLVD. NO ST PETERSBURG FL
CITY, ST, ZIP	
TITLE	D
NAME	FERRA, JOAN
STREET ADDRESS	900 N BELCHER RD CLEARWATER FL
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Ferra, Steve
13 STREET ADDRESS	900 N. Belcher Rd. Clearwater, FL 34625
14 CITY, ST, ZIP	
21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Chagnon, Chris
23 STREET ADDRESS	1380 Pinehurst Rd. Dunedin, FL 34698
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nelson Rhodes* **4/25/95** **813-984-2121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)