


**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90045 029 \*\*\*\*61.25

<b>NON-PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N93000002273</b>			
<b>1. Corporation Name</b> <b>FLORIDA REAL ESTATE EDUCATORS ASSOCIATION, INC.</b>			
<b>Principal Place of Business</b> <b>5531 9 STREET NORTH</b> <b>ST. PETERSBURG FL 33703</b>		<b>Mailing Address</b> <b>5531 9 STREET NORTH</b> <b>ST. PETERSBURG FL 33703</b>	



<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>23</b> City & State <b>24</b> Zip <b>25</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		<b>3. Date Incorporated or Qualified</b> <b>05/17/1993</b>	
<b>4. FEI Number</b> <b>59-3275858</b>		<b>Applied For</b> <b>Not Applicable</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Trust Fund Contribution</b>			

<b>9. Name and Address of Current Registered Agent</b> <b>HOGUE, ROBERT L</b> <b>5531 9 STREET NORTH</b> <b>ST. PETERSBURG FL 33703</b>				<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFON, ANTHONY	1.2 NAME	
STREET ADDRESS	7274 ORKNEY AVE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBELL, DONALD	2.2 NAME	
STREET ADDRESS	370 WHOOPING LOOP, #1172	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNLAP, ANN	3.2 NAME	
STREET ADDRESS	2280 HELEN CIRCLE EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOPPER, ED	4.2 NAME	
STREET ADDRESS	4068 CATTLEMEN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTON HASAN	5.2 NAME	
STREET ADDRESS	8218 33RD AVE N	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33710	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT JONES	6.2 NAME	
STREET ADDRESS	2016 LAKE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	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 118.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)