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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N94000000227

1. Corporation Name
THE FLORIDA GULF COAST COMMERCIAL ASSOCIATION OF REALTORS, INC.

Principal Place of Business	Mailing Address
1330 CLEVELAND ST CLEARWATER FL 34615	1330 CLEVELAND ST CLEARWATER FL 34615

2. Principal Place of Business	2a. Mailing Address
21 4319 Ehrlich Road	26 4319 Ehrlich Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Tampa FL	27
City & State	City & State
23 33624 Hillsb.	28 Tampa FL
Zip / Country	Zip / Country
24 25 USA	29 33624 30 USA

3. Date Incorporated or Qualified: 01/07/1994

4. FEI Number: 59-3222190 — 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

9. Name and Address of Current Registered Agent

PIKLOR, NANNETTE M
1330 CLEVELAND ST
CLEARWATER FL 33755

10. Name and Address of New Registered Agent

81 Name: Lois M. Kostroski
82 Street Address (P.O. Box Number is Not Acceptable): 4319 Ehrlich Road
83
84 City: Tampa FL 85 Zip Code: 33624

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] DATE: 5/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE	P D	☒ Change ☐ Addition
NAME	CAPO, CRAIG		1.2 NAME	CAPO, CRAIG	
STREET ADDRESS	ONE TAMPA CITY CENTER ST 1900		1.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	TAMPA FL 33702		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE	T D	☐ Change ☒ Addition
NAME	GREY, JOHN		2.2 NAME	ROBERTS, DON	
STREET ADDRESS	6328 US 19		2.3 STREET ADDRESS	3507 Sunstate St	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		2.4 CITY-ST-ZIP	Tampa FL 33634	
TITLE	T	☒ DELETE	3.1 TITLE	T D	☐ Change ☒ Addition
NAME	JACOB, JAMES		3.2 NAME	FISHER, RICHARD	
STREET ADDRESS	1200 WEST PLATT ST #204		3.3 STREET ADDRESS	14502 N Dale Mabry, S. 200	
CITY-ST-ZIP	TAMPA FL 33606		3.4 CITY-ST-ZIP	Tampa FL 33618	
TITLE	P	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	LOVE, M J		4.2 NAME	KOSTROSKI, LOIS	
STREET ADDRESS	2697 SUNSET POINT ROAD		4.3 STREET ADDRESS	4319 Ehrlich Road	
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	Tampa FL 33624	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, ELLIOT		5.2 NAME		
STREET ADDRESS	20505 US 19 N #502		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33764		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PIKLOR, NANNETTE		6.2 NAME		
STREET ADDRESS	1330 CLEVELAND ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33755		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, 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 REQUIRED Lois M. Kostroski 4/12/99 813/969-4227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #