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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000008734

1. Corporation Name

PINELLAS REALTY FUND, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90201 007 ***150.00



Principal Place of Business Mailing Address						a raikiridat fin ilkira illati harit dikirs kartı asıı	.e WOLB! (D) C 0008	Title Rifle imbe
222 SECOND S								
222 SECOND STREET N 222 SECOND STREET N ST PETERSBURG FL 33701 ST PETERSBURG FL 33701								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 11/30/1992		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number	- Ap	plied For
21						59-3162635	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75 A	Additional
22 27 27						5. Certifcate of Status Desired	Fee Re	quired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23 28						Trust Fund Contribution	Added to	o Fees
Zip Country Zip			Country			8. This corporation owes the current year I		_
24	25	29 3	o l			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registere	d Agent	
1D) 4 (I	N IAN E		8	1 Name				}
IRWIN, IAN F				2 Street	Addres	ss (P.O. Box Number is Not Acceptable)		
222 SECOND STREET N								
ST PETERSBURG FL 33701			8	3				
			R	4 City			. 85 Zip C	Code
i			-	1		F	┖╎┈┤	{
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 register								
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: R	egistered Ag	ent signature	required v	when reinstating) DATE		
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP	☐ DELETE	1.1 YMLE	i.			Change	Addition
NAME	BRETT, DAVID		1.2 NAME	1				Ţ
STREET ADDRESS	222 SECOND STREETN		1.3 STRE	ET ADDRESS				į.
CITY-ST-ZIP	ST PETERSBURG FL.		1.4 CITY	ST-ZIP	<u> </u>			
TITLE	DS	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	IRWIN, IAN F.		2.2 NAME	Ē	1			Ì
STREET ADDRESS	222 SECOND STREET NORTH		2.3 STRE	ET ADDRESS	1			
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY	-ST-ZIP				
ππε	DVP	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	JENKINS, DAVID A	•	3.2 NAME	- -				į
STREET ADDRESS	222 SECOND STREET NORTH		3.3 STRE	ET ADDRESS	1			\$
CITY-ST-ZIP	ST. PETERSBURG FL		3.4. CITY	-ST-ZIP	<u> </u>			
πιε		☐ DELETE	4.1 TITLE]		Change	Addition
NAME			4.2 NAM	E	1			1
STREET ADDRESS	· •		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.4 CITY	ST-ZIP	<u> </u>		·	
TITLE		☐ DELETE	5.1 TITLE] _		Change	☐ Addition
NAME	!		5.2 NAME	1	1			}
STREET ADDRESS			5.3 STRE	ET ADDRESS				1
CITY-ST-ZIP			5.4 CITY		<u> </u>			
TITLE	-	☐ DELETE	6.1 TTTLE				Change	Addition
NAME			6.2 NAME	•				
STREET ADDRESS			6.3 STRE	ET ADDRESS	-			}
CITY-ST-ZIP	<u> </u>		6.4 CITY-					
44 I harabu	that bother material and that with	h this filing does not qualify for th	D AVAIN	ateta noite	d in So	ction 119 07(3)(i) Florida Statutes I further o	ertify that the it	oformation

I nereby 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 epopwered 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:

ED LIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ian F Irwin, Director

3/30/99

(727)821-5178

Daytime Phone #