


FILED  
Feb 06 1998 8:00am  
Secretary of State

|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                       |                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><br><b>1998</b>                                                                                                                                                                                                                                                    |                                                      | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # P93000001741 (6)</b><br>1. Corporation Name<br><b>REAL ESTATE ADVISORY CORP. - TAMPA</b>                                                                                                                                                                                                                  |                                                                                                                                       |                                                                                                           |
| Principal Place of Business<br><br><b>1202 TECH BLVD</b><br><b>STE 208</b><br><b>TAMPA FL 33619</b><br><b>US</b>                                                                                                                                                                                                        |                                                                                                                                       | Mailing Address<br><br><b>PO BOX 25531</b><br><b>TAMPA FL 33622-5531</b><br><b>US</b>                     |
| <b>2.</b> Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip Country<br><b>24</b>                                                                                                                                                                                  | <b>2a.</b> Mailing Address<br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip Country<br><b>29</b> <b>30</b> |                                                                                                           |
| <b>g. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                  |                                                                                                                                       |                                                                                                           |
| <b>PLOUCHER, RAYMOND A</b><br><b>13711 WHITEBARK PL</b><br><b>TAMPA FL 33625</b>                                                                                                                                                                                                                                        |                                                                                                                                       |                                                                                                           |
| <b>11.</b> Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |                                                                                                                                       |                                                                                                           |
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required)                                                                                                                                                                             |                                                                                                                                       |                                                                                                           |
| <b>12. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                       |                                                                                                           |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                              | <b>13.</b><br><b>1.1 TITLE</b><br><b>1.2 NAME</b><br><b>1.3 STREET ADDRESS</b><br><b>1.4 CITY-ST-ZIP</b>                              |                                                                                                           |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                              | <b>2.1 TITLE</b><br><b>2.2 NAME</b><br><b>2.3 STREET ADDRESS</b><br><b>2.4 CITY-ST-ZIP</b>                                            |                                                                                                           |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                              | <b>3.1 TITLE</b><br><b>3.2 NAME</b><br><b>3.3 STREET ADDRESS</b><br><b>3.4 CITY-ST-ZIP</b>                                            |                                                                                                           |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                              | <b>4.1 TITLE</b><br><b>4.2 NAME</b><br><b>4.3 STREET ADDRESS</b><br><b>4.4 CITY-ST-ZIP</b>                                            |                                                                                                           |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                              | <b>5.1 TITLE</b><br><b>5.2 NAME</b><br><b>5.3 STREET ADDRESS</b><br><b>5.4 CITY-ST-ZIP</b>                                            |                                                                                                           |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                              | <b>6.1 TITLE</b><br><b>6.2 NAME</b><br><b>6.3 STREET ADDRESS</b><br><b>6.4 CITY-ST-ZIP</b>                                            |                                                                                                           |

**THE UNIVERSITY OF CHICAGO**

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                         |                                       |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------|
| 3. Date Incorporated or Qualified<br><b>01/04/1993</b>                                                                                                                  |                                       |                |
| 4. FEI Number<br><b>59-3160206</b>                                                                                                                                      | Applied For                           | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                               | <b>\$8.75 Additional Fee Required</b> |                |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                                         | <b>\$5.00 May Be Added to Fees</b>    |                |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |                |
| 10. Name and Address of New Registered Agent                                                                                                                            |                                       |                |
| ss (P.O. Box Number is Not Acceptable)                                                                                                                                  |                                       |                |
| FL 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 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                         |                                                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                    |
|----------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PSTD<br>PLOUCHER, RAYMOND A<br>13711 WHITEBARK PL<br>TAMPA FL 33625 | <input type="checkbox"/> DELETE                       | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>KRAUSE, THOMAS S<br>4301 WOODMERE ROAD<br>TAMPA FL            | <input type="checkbox"/> DELETE                       | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     | <input type="checkbox"/> DELETE                       | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     | <input type="checkbox"/> DELETE                       | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     | <input type="checkbox"/> DELETE                       | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                     | <input type="checkbox"/> DELETE                       | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>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.

SIGNATURE: *(Signature)* *James A. P. [illegible]* 112-100 (82) 138-1111

CR2E034 (10/97)