

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

**FILED**  
**Jun 04 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000026444 (7)**  
 1. Corporation Name  
**PROFESSIONAL REALTY ADVISORS, INC.**



Principal Place of Business <b>5449 S SEMORAN BLVD                  SUITE 20                  ORLANDO FL 32822                  US</b>	Mailing Address <b>5449 S SEMORAN BLVD                  SUITE 20                  ORLANDO FL 32822                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2816 E. ROBINSON ST.</b> Suite, Apt. #, etc. 22 <b>SUITE 200</b> City & State 23 <b>ORLANDO, FL</b> Zip 24 <b>32803</b> Country 25 <b>ORANGE</b>	2a. Mailing Address 26 <b>2816 E. ROBINSON ST.</b> Suite, Apt. #, etc. 27 <b>SUITE 200</b> City & State 28 <b>ORLANDO, FL</b> Zip 29 <b>32803</b> Country 30 <b>ORANGE</b>
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3. Date Incorporated or Qualified <b>04/04/1994</b>	4. FEI Number <b>59-3241439</b>	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**HAWKINS, KEVIN  
 5449 S SEMORAN BLVD  
 SUITE 20  
 ORLANDO FL 32822**

10. Name and Address of New Registered Agent  
 81 Name  
**KEVIN HAWKINS**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2816 E. ROBINSON ST., SUITE 200**  
 83 **SUITE 200**  
 84 City  
**ORLANDO** **FL** 85 Zip Code  
**32803**

11. Pursuant to the provisions of Sections 607.0102 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]* DATE **5-28-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>0</b> <input type="checkbox"/> DELETE
NAME	<b>HAWKINS, KEVIN</b>
STREET ADDRESS	<b>5449 S SEMORAN ALVD SUITE 20</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>1</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KEVIN HAWKINS</b>
1.3 STREET ADDRESS	<b>2816 E. ROBINSON ST, SUITE 200</b>
1.4 CITY-ST-ZIP	<b>ORLANDO, FL 32803</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 its 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]* DATE: **5-28-98** **407-893-3707**

CR2E034 (10/97)