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FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 98 HOV -? PH 12: 55 Secretary of State 1996 DIVISION OF CORPORATIONS P94000041851 (4) DOCUMENT # Corporation Name HOME SEEKERS REALTY OF TAMPA BAY, INC. Principal Place of Business Mailing Address REINSTATEMENT ALD-36428 U.S. HWY 19 NORTH 30901 US 19 N STE 101 PALM BEACH FL 34684 PALM HARBOR FL 34684 05/31/1994 07/17/1995 Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3244183 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & G 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζlρ Country This corporation has liability for intangible tax under s 199.032. XX)Yes □ No 29 30 Florida Statutes Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VELAZQUEZ, JAMES Street Address (P.O. Box Number is Not Acceptable) 82 5431 STAG THICKET LANE 100002681491 -11/05/38--01086--004 83 PALM HARBOR FL 34685 85 72 J.C. G. UU 84 City Pursuant to the previsions of Sections 6 or registered agent, or both, in the Statistamiliar with, and accept the obligations 07.0502 and of Florida, S 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am 607.0505, Florida Statutes. SIGNATURE stered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1. 1 TITLE ☐ Change ☐ Addition VELAZQUEZ, JAMES NAME 1.2 NAME 5431 STAG THICKET LANE STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Addition TITLE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change TT Addition TITLE 3. 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE Change TITLE 4. 1 TITLE ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP ☐ DELETE TITLE 5. 1 TITLE Change Addition NOME 52 NAME SPREET ADDRESS. 5 3 STREET ADDRESS OTY-ST-ZIP 5.4 CITY - ST-ZIP ☐ DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

ED OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR

SIGNATURE

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify that I am appointer or director of the compration 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 charged, or on an attachment with an eadsress.