

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

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Secretary of State

03-11-1999 90140 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P94000072671**

1. Corporation Name
COMPLETE REALTY GROUP, INC.



| | |
|---|---|
| Principal Place of Business 9800 4 STREET NORTH, SUITE 205- ST. PETERSBURG FL 33702 | Mailing Address 9800 4 STREET NORTH, SUITE 205- ST. PETERSBURG FL 33702 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 9400 4TH ST. N. | 2a. Mailing Address 26 9400 4TH ST. N. |
| Suite, Apt. #, etc. 22 SUITE 116 | Suite, Apt. #, etc. 27 SUITE 116 |
| City & State 23 | City & State 28 |
| Zip 24 | Zip 29 |
| Country 25 | Country 30 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 10/04/1994 | |
| 4. FEI Number 59-3272915 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAYLOR, THOMAS W
~~9800 4TH STREET, NORTH-~~
~~SUITE 205~~
ST. PETE. FL 33702

| | |
|--|--------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 9400 4TH ST. N., SUITE 116 | |
| 83 | |
| 84 City | 85 Zip Code FL |

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] DATE **3/8/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | GAYLOR, THOMAS W | |
| STREET ADDRESS | 9800 4 STREET NORTH, SUITE 205 | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33702 | |
| 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 | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 9400 4TH ST. N., SUITE 116 |
| 1.4 CITY-ST-ZIP | |
| 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 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, with all other like empowered.

SIGNATURE: [Signature] **THOMAS W. GAYLOR** DATE **3/8/99**

CR2E034 (1/98)