

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 Jun 16 1998 8:00 am
 Secretary of State

DOCUMENT #
 1. Corporation Name: **P96000047470**

CONSOLIDATED REALTY GROUP, INC.

Principal Place of Business: **4255 U.S. 1 South #9 St. Augustine, FL**
 Mailing Address: **4255 U.S. 1 South #9 St. Augustine, FL 32086**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	28	29
Suite, Apt. #, etc.		State, Apt. #, etc.		5. Certificate of Status Desired	
City & State		City & State		6. Election: Campaign Financing Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30	
24	25	29	30	Applied For Not Applicable	
				8.75 Additional Fee Required	
				5.00 May Be Added to Fees	
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

Wingo, Kathryn M.
Consolidated Realty Group, Inc.
4255 U.S. 1 South #9
St. Augustine, FL 32086

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 of 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: *Kathryn M. Wingo* *Kathryn M. Wingo* **5-28-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathryn M. Wingo	12 NAME	
STREET ADDRESS	206 Raintree Trail	13 STREET ADDRESS	
CITY-STATE-ZIP	St. Augustine, FL 32086	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Vice President	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michel Gobets	22 NAME	
STREET ADDRESS	703 Medina Court	23 STREET ADDRESS	
CITY-STATE-ZIP	St. Augustine, FL 32086	24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

500002562505
-06/17/98-01030-037
*****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 of this report or on an attachment with an address.

SIGNATURE: *Kathryn M. Wingo* *Kathryn M. Wingo* **3/30/98 (904)797-6814**

CR2E034 (10/97)