

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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000062292 (2)  
1. Corporation Name

CENTER FOR ADVANCED REAL ESTATE STUDIES, INC.

Principal Place of Business

13956 W. HILLSBOROUGH AVE.  
TAMPA FL 33635

Mailing Address

13956 W. HILLSBOROUGH AVE.  
TAMPA FL 33635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1997

4. FEI Number

59-3459278

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 33825 U.S. 19 N.

27 Suite, Apt. #, etc.

28 City & State

28 Palm Harbor, Fla.

29 Zip

34684

30 Country

USA

9. Name and Address of Current Registered Agent

TRACY, MARILYN  
13956 W. HILLSBOROUGH AVE.  
TAMPA FL 33635

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

33825 U.S. 19 N.

83

84 City

Palm Harbor

85 State

FL

86 Zip Code

34684

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

TITLE ☐ DELETE

NAME DPS  
STREET ADDRESS TRACY, MARILYN  
CITY-ST-ZIP 13956 W. HILLSBOROUGH AVE.  
TAMPA FL 33635

TITLE ☐ DELETE

NAME DTV  
STREET ADDRESS TRACY, JOHN A  
CITY-ST-ZIP 13956 W. HILLSBOROUGH AVE.  
TAMPA FL 33635

TITLE ☐ DELETE

NAME D  
STREET ADDRESS MCMILLEN, GARY  
CITY-ST-ZIP 13956 W. HILLSBOROUGH AVE.  
TAMPA FL 33635

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33825 U.S. 19 N.  
Palm Harbor, Fla. 34684

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33825 U.S. 19 N.  
Palm Harbor, Fla. 34684

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

33825 U.S. 19 N.  
Palm Harbor, Fla. 34684

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 of 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:

John A. Tracy 4/7/98

813)771-8880

813)818-1821

CR2E034 (10/97)