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Secretary of State

03-31-1999 90060 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000098418

1. Corporation Name
SOUTH CORE COMMERCIAL, INC.

Principal Place of Business 1500 SECOND STREET SOUTH SUITE 1500 ST. PETERSBURG FL 33701 US	Mailing Address 1500 SECOND STREET SOUTH SUITE 1500 ST. PETERSBURG FL 33701 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/18/1997	4. FEI Number 59-3489453	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 checked="" type="checkbox"/> No		

2. Principal Place of Business 21 450 Carillon Parkway Suite, Apt. #, etc. 22 Suite 200 City & State 23 St. Petersburg, FL Zip 24 33716	2a. Mailing Address 26 450 Carillon Parkway Suite, Apt. #, etc. 27 Suite 200 City & State 28 St. Petersburg, FL Zip 29 33716	Country 25 USA 30 USA
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9. Name and Address of Current Registered Agent

GLATHORN JOHNSON, SUSAN
ONE PROGRESS PLAZA
SUITE 1500
ST. PETERSBURG FL 33701-4352

10. Name and Address of New Registered Agent

81 Name Susan G. Johnson	85 Zip Code 33716
82 Street Address (P.O. Box Number is Not Acceptable) 450 Carillon Parkway, Suite 200	
83	
84 City St. Petersburg	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

Susan G. Johnson

DATE

3/29/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIGGINS, RAYMOND F ONE PROGRESS PALAZA, SUITE 1500 ST. PETERSBURG FL 33701-4352 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/P Raymond F. Higgins 450 Carillon Parkway, Suite 200 St. Petersburg, FL 33716 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HOBBS, JAMES R JR ONE PROGRESS PALAZA, SUITE 1500 ST PETERSBURG FL 33701 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D/V/T James R. Hobbs, Jr. 450 Carillon Parkway, Suite 200 St. Petersburg, FL 33716 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JOHNSON, SUSAN G ONE PROGRES PALAZA, SUITE 1500 ST PETERSBURG FL 33701 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D/V/S Susan G. Johnson 450 Carillon Parkway, Suite 200 St. Petersburg, FL 33716 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Susan G. Johnson

Susan G. Johnson

3/29/99

727-803-8200

Date

Daytime Phone #

CR2E034 (11/98)