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

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

99 MAR 22 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000011937

1. Corporation Name
NATION REAL ESTATE, INC

Principal Place of Business
2329 - 9th St N.
St. Petersburg, FL 33704

Mailing Address
863 - 25 Ave N.
St. Petersburg, FL
33704

2. Principal Place of Business
21 23 29 - 9th St N
Suite, Apt #, etc.
22
City & State
23 St. Petersburg FL
Zip
24 33704 [25] Country USA

2a. Mailing Address
26 863 - 25 Ave N
Suite, Apt #, etc.
27
City & State
28 St Petersburg, FL
Zip
29 33704 [30] Country USA

3. Date Incorporated or Qualified
2/5/98

4. FEI Number
59-3497520
[X] 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 the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name CLAUDIA WILSON
82 Street Address (P.O. Box Number is Not Acceptable)
863 - 25 AVE N.
83
84 City St Petersburg FL [85] Zip Code 33704

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 CLAUDIA WILSON PRESIDENT Claudia Wilson 3/19/99
(Signature, typed or printed name of registered agent and title if applicable) (Note: Registered Agent is required on the parent document.) DATE

12. OFFICERS AND DIRECTORS

TITLE	President [ ] DELETE
NAME	CLAUDIA WILSON
STREET ADDRESS	863-25 AVE N.
CITY-ST-ZIP	St. Petersburg, FL 33704
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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****150.00 ****150.00

CR2E034 (11/98)

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: Claudia Wilson CLAUDIA WILSON 3/19/99 (727) 822-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #