

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

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90181 026 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000012151

1. Corporation Name
MCK REAL ESTATE EDUCATION CENTER OF FLORIDA, INC



Principal Place of Business
**19353 U.S. HIGHWAY 19 NORTH
 CLEARWATER FL 34624**

Mailing Address
**19353 U.S. HIGHWAY 19 NORTH
 CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/06/1998

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3533697	<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COPE, RICHARD W
 19353 U.S. HIGHWAY 19 NORTH
 CLEARWATER FL 34624**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D BOYD, JOSEPH R	1.2 NAME	Richard W. Cope
STREET ADDRESS	1407 PIEDMONT DRIVE EAST	1.3 STREET ADDRESS	19353 U.S. Highway 19 No., Ste. 10
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.4 CITY-ST-ZIP	Clearwater, FL 34624
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	D James D. Motta
STREET ADDRESS		2.3 STREET ADDRESS	7900 Glades Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D/V Michael N. Regan
STREET ADDRESS		3.3 STREET ADDRESS	1650 Prudential Dr., Ste. 400
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	V/T Lewis A. Sticco
STREET ADDRESS		4.3 STREET ADDRESS	19353 U.S. Highway 19 No., Ste. 100
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Clearwater, FL 34624
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	S Robert M. Rhodes
STREET ADDRESS		5.3 STREET ADDRESS	1650 Prudential Drive, Ste. 400
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, Florida 32207
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.073(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 a different like empowered.

SIGNATURE: *Michael N. Regan* Michael N. Regan, D/V 4-20-99 904/396-6600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)