

IMPORTANT NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 AUG 12 AM 9:17

STATE OF FLORIDA
 DEPARTMENT OF STATE

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000036947

ST. PETE. REALTY, INC.

Principal Place of Business
 001 FOURTH STREET N.
 ST. PETERSBURG FL 33701

Mailing Address
 1001 FOURTH STREET N.
 ST. PETERSBURG FL 33701



7/9/99 900N 039 \$61.75

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/22/1998		4. FEI Number 59-3510854		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 <input type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent STRANGE, KATHY 1001 FOURTH STREET N. ST. PETERSBURG FL 33701				10. Name and Address of New Registered Agent			
B1 Name STRANGE, KATHY		B2 Street Address (P.O. Box Number is Not Acceptable)		B3		B4 City FL B5 Zip Code	

Pursuant to the provisions of sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE: *Katherine Harris* DATE: _____
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when re-registering)

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E EET ADDRESS :ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
E EET ADDRESS :ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E EET ADDRESS :ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E EET ADDRESS :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
E EET ADDRESS :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
E EET ADDRESS :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

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Katherine Harris* DATE: 6-30-99 Daytime Phone # _____
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

CR2E034 (5/99)

KE