

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S28276** (1)
1. Corporation Name
SILVERCREST REALTY GROUP, INC.



Principal Place of Business Mailing Address
**9400 SEMINOLE BLVD
SEMINOLE FL 34642
US** **9400 SEMINOLE BLVD.
SEMINOLE FL 33772-2518
US**

3. Date Incorporated or Qualified **01/30/1991** 3a. Date of Last Report **04/26/1996**
4. FEI Number **59-3048596** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**ANDERSON, DAVID R.
9400 SEMINOLE BLVD.
SEMINOLE FL 34642**

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL 85** Zip Code

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: _____ (NOTE: Registered agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE
NAME	HAWKINS, ROGER	
STREET ADDRESS	7500 39 ST S10	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	V	DELETE
NAME	COPY, ED	
STREET ADDRESS	7193 17 WAY N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	DELETE
NAME	FRANKLIN, JANA	
STREET ADDRESS	8360 144TH LANE, N.	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	V	DELETE
NAME	CAMP, PAUL J.	
STREET ADDRESS	9110 1ST ST., N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PSTD	DELETE
NAME	ANDERSON, DAVID R.	
STREET ADDRESS	110 PONCIANA LANE	
CITY-ST-ZIP	LARGO FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		

14. I do 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.

SIGNATURE: _____ DATE: **4/30/97** DAYTIME PHONE #: **813 397-1800**

CR2E034 (9/96)