

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

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Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: 9400 SEMINOLE BLVD, SEMINOLE FL 34642, US
Mailing Address: 9400 SEMINOLE BLVD, SEMINOLE FL 34642, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 110 POINCIANA LN, Suite, Apt. #, etc. 22 City & State: LARGO FL, Zip: 33770, Country: USA
2a. Mailing Address: 26 110 POINCIANA LN, Suite, Apt. #, etc. 27 City & State: LARGO FL, Zip: 33770, Country: USA
3. Date Incorporated or Qualified: 01/30/1991
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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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: 81 Name: ANDERSON, DAVID R., 82 Street Address (P.O. Box Number is Not Acceptable): 110 POINCIANA LN, 83 City: LARGO, FL 84 Zip Code: 33770

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. DATE: 3/12/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAWKINS, ROGER		1.2 NAME		
STREET ADDRESS	7500 39 ST S10		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COPY, ED		2.2 NAME		
STREET ADDRESS	7193 17 WAY N		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANKLIN, JANA		3.2 NAME		
STREET ADDRESS	8380 144TH LANE, N.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		3.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMP, PAUL J.		4.2 NAME		
STREET ADDRESS	9110 1ST ST., N.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	PSTD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, DAVID R.		5.2 NAME		
STREET ADDRESS	110 POINCIANA LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP		
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 119.07(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 attached report with an address.

SIGNATURE: *David R. Anderson* DATE: 3/12/98

CR2E034 (10/97)