

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 5-15-96 15-6469 XC

DOCUMENT # **F02186** (7)

1. Corporation Name
AMERICAN REALTY, INC.



Principal Place of Business: HWY 19&NW 19TH ST, 1890 NW HWY 19, CRYSTAL RIVER FL 34428 US
Mailing Address: HWY 19&NW 19TH ST, 1890 NW HWY 19, CRYSTAL RIVER FL 34428 US

3. Date Incorporated or Qualified: 10/17/1980
3a. Date of Last Report: 04/19/1995
4. FEI Number: 59-2076747
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**WOODS, DANNY D.
3875 N EAGLE PT.
CRYSTAL RIVER FL 34428**

10. Name and Address of New Registered Agent
81 Name: **Peggy J. Lowe**
82 Street Address: **1651 NW 20 Avenue**
83 City: **Crystal River, Fl. 34428**
84 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: *Peggy J. Lowe* Peggy J. Lowe 05-13-96
Signature of Registered Agent (Print Name of Signer) Date

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | WOODS, DANNY D | |
| STREET ADDRESS | 3875 N EAGLE PT. | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | WOODS, VIRGINIA F | |
| STREET ADDRESS | 3875 N EAGLE PT. | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | FOWLER, HAROLD E | |
| STREET ADDRESS | 1911 NW 17TH ST | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Peggy J. Lowe | |
| 1.3 STREET ADDRESS | 1651 NW 20 Avenue | |
| 1.4 CITY-ST-ZIP | Crystal River, Fl. 34428 | |
| 2.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Robert V. Brown | |
| 2.3 STREET ADDRESS | 1651 NW 20 Avenue | |
| 2.4 CITY-ST-ZIP | Crystal River, Fl. 34428 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Peggy J. Lowe* Peggy J. Lowe, President 352-795-3500
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)