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

CORPORATION ANNUAL REPORT

1997

T REALTY, INC.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G43628

(8)

## **FILED** May 14 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					t imeritt mair Bruch birth bitib jindt tott	dente dinte mint bie	YII BIBII BEBLI IEBI
1731 BOGGY CREEK RD 1731 BOGGY CREEK RD			•				
KISSIMMEE FL US	34744	KISSIMMEE FL 34744-442 US	16				
		••			3. Date Incorporated or Qualified 06/09/1983	3a. Date of 05/01/1	
2. Principal Pr	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2319303		Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.	} <b>-</b>		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State	3	City & State		6. Election Campaign Financing	\$	5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for		
24	9. Name and Address of Currer	29	30]		Florida Statutes  10. Name and Address of New Re	Yes No	
TOL	IPKINS, THOMAS N.	it Registered Agent		81 Name	to, Italia bilo Address of New H	Aisteren võen	
	I BOGGY CREEK ROAD		L	114			
	SIMMEE FL 34744		[	82 Street Add	dress (P.O. Box Number is Not Accepta	ole)	
Noc	HAMMEE LF 34144		}	83			
			ŀ	84 City		85	Zip Code
				'			,
office or r agent. La	egistered agent, or both, in the State m familiar and, and accept the oblig	of Florida, Such change was no of, Section 607.0505, F	authorized lorida Stati	by the corporates.	rporation submits this statement for the ation's board of directors. I hereby acce	pt the appointm	nent as registered
	Signature, typed or ported name of registered ag-			Agent signature requ	uired when reinslating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	LOWERY, DEION R	DELETE	1.1 717			<u>, , , , , , , , , , , , , , , , , , , </u>	Change
NAME	395 TIMBER CREEK DR		1.2 NA				
STREET ADDRESS	WINTER GARDEN FL			REET ADORESS			,
CITY-SI-7IP	ST	DELETE	1,4 C()	Y-ST-ZIP		<del></del>	Change Addition
TITLE NAME	MARGISON, DONNA		2.1 III 2.2 NA				mange noomon
STREET ADDRESS	3555 CORD AVE			reet address			,
CHY-ST-ZIP	ST CLOUD FL		4	TY-ST-ZIP			
HILE	V	☐ DELETE	3.1 Tis				Change Addition
NAME	TOMPKINS, THOMASA R		3.2 NA				•
STREET ADDRESS	1731 BOGGY CREEK RD			REET ADDRESS			
City - S1 - 7IP	KISSIMMEE FL			TY-ST-ZIP			
THE		DELETE	4,1 TIT				Change Addition
NAME			4. 2 N/	AME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
Crty - ST - ZiP			4.4 CIT	ry-\$t-zip			
THLE		DELETE	5.1 TII	LE			Change Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET ADDRESS	•		
CITY-ST-ZIP			5.4 CF	TY - ST - ZIP			
TITLE		☐ DELETE	6.1 T()	LE			Change Addition
NAMÉ			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET ADDRESS			
CITY - STZIP			6.4 Cr	[Y-ST-Z P			
44   4-1		C. M. at C. Pitter also as a second	life for the		and in Continue 440 07/0V/X Florida Chated	a - t K anth as most	elfer there then

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 ham 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 12 or Block 12 or on an attachment with an address.

SIGNATURE: