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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1932 HOWELL BRANCH ROAD

WINTER PARK FL 32792

HS



ELORIDA DEPARTMENT OF STATE

**FILED** 

Jan 24 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G89117

Mailing Address P O BOX 941569

an attach

changed, o

appears in Block 12 or Block 13/

**SIGNATURE:** 

nent with an address

ELZA MENDES

MAITLAND FL 32794-1569

EXECUTECH REALTY CORP.

02/27/1984 01/24/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2393806 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Zip ☐ Yes ☐ No 30 Florida Statutes 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name MENDES, ELZA 1932 HOWELL BRANCH ROAD Street Address (P.O. Box Number is Not Acceptable) 82 WINTER PARK FL 32792 83 84 City 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 Signature, Typod or prictive name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. Change Addition DΡ \_\_\_ DELETE TITLE 1.1 TITLE MENDES, ELZA 12 NAME NAME 1932 HOWELL BRANCH ROAD 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 1.4 CITY-SY-ZIP CITY - ST - ZIP Addition Change DELETE VP 21 TITLE TITLE MENDES, KATHRYN 2.2 NAME NAME 1932 HOWELL BRANCH ROAD 2.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 2.4 CITY-ST-ZIP DITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIF CHY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST- ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST-ZIP Change Addition ... DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida statutes, i runner certary trace information indicated on this annual report or suppliemental 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 population or this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name