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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Mar 05 1998 8:00am

Secretary of State

Secretary of State

1998

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(4)

Inori	UAL REALIT & INVESTME	INTO, INC.							
Principal Plac	e of Business	Mailing Address				-		ABU BEBU	. Ufali 1901
% D. DEWEY	MITHCELL	% D. DEWEY MITHCELL							
9108 US 19 PORT RICHEY FL 34668		9108 US 19 PORT RICHEY FL 34668	9108 US 19			DO NOT WRITE IN TH	US SPACI	F	
FUNI NICHEL FL 34000						3. Date Incorporated or Qualified			
						10/23/1984			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apr	plied For
21		26				59-2453557			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	3.75 A	dditional
City & Stat	θ		City & State			Election Campaign Financing			May Be
23		28	28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Cou	untry		8. This corporation owes or has pald the current year Intangible			
24	25 29 30 30 9, Name and Address of Current Registered Agent			Personal Property Tax due June 30. X Yes No					
		ent Registered Agent		81	Name	10. Name and Address of New Register	ed Agent	<u>. </u>	
MITCHELL, DEWEY D.									
	08 US 19		82 Street A			ss (P.O. Box Number is Not Acceptable)			
PORT RICHEY FL 34868				83					
				84	City	F	EL 85	Zip C	ode
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 printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.		AND DIRECTORS	13.	a Agen	t signature required	ADDITIONS/CHANGES TO OFFICERS		CTORS	3 IN 12
TITLE				I.1 TITLE		, as in condition in the condition of th	CI		Addition
NAME	MITCHELL, D. DEWEY		1.2 N	.2 NAME					
STREET ADDRESS	8600 MITCHELL RANCH RE)	1.3 \$		DDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL		1,4 C	1.4 CITY - ST - ZIP					
TITLE			2.1 Ti	.1 TITLE			☐ C	hange	Addition
NAME	CRUMBLEY, ALLEN S.		2.2 N						
STREET ADDRESS	3926 WATSON DR.		1		DDRESS				
CITY-ST-ZIP	NEW PURI RICHET FL			2. 4 CITY-ST-ZIP				hange	Addition
TITLE NAME		— — — — — — — — — — — — — — — — — — —		31 TITLE 32 NAME				langs	LI ADDRION
STREET ADDRESS			1		DDRESS				
CITY-ST-ZIP				ITY-ST					.
TITLE			_	4.1 TITLE			CI	nange	Addition
NAME			4.2 N	AME					1
STREET ADDRESS			4.3 S1	reet a	DORESS				
CITY-\$T-ZIP			4.4 CI	TY-ST-	ZIP				
TITLE		☐ DELETE	5.1 TI	TLE		3.2	□ CI	nange	Addition
NAME			5.2 N/	AME	1				ĺ
STREET ADDRESS			5.3 \$1	ireet a	DDRESS				
CITY-ST-ZIP		T heart		TY-ST-	ZIP			hono-	
TITLE		L_ DELETE	6.1 TI				LJ C	lange	L. Addition
NAME			6.2 N		00000				}
STREET ADDRESS					DDRESS				
14. I hereby o	certify that the information supplied	with this filing does not qualify for	or the exe	TY-ST- emption	on stated in S	ection 119.07(3)(i), Florida Statutes. I furthe	certify th	at the i	nformation
indicated officer or	on this annual report or supplemending the condition of the corsoration or the re	ntal annual report is true <u>and</u> acceiver or trustee empowered to	curate and	d that	mv signature	shall have the same legal effect as if made	under oa	ath: that	ilam an Ì
officer or director of the corporation of 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 privan attachment with private the state of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in									