

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **J90526** (1)

1. Corporation Name  
**RICHARD J. BALSAMO, REALTY INC.**



Principal Place of Business  
**C/O RICHARD J. BALSAMO  
3123 S.E. 22ND PLACE  
CAPE CORAL FL 33904**

Mailing Address  
**C/O RICHARD J. BALSAMO  
3123 S.E. 22ND PLACE  
CAPE CORAL FL 33904**

2. Principal Place of Business  
21 **441 DEL PRADO BL. N**  
Suite, Apt. #, etc. **# 8**  
22 City & State **CAPE CORAL FL**  
23 Zip **33909** Country **USA**  
24 25

2a. Mailing Address  
26 **15158 PORTS OF IONA DR**  
Suite, Apt. #, etc.  
27 City & State **FT MYERS, FL**  
28 Zip **33908** Country **USA**  
29 30

3. Date Incorporated or Qualified **09/02/1987** 3a. Date of Last Report **06/28/1995**  
4. FEI Number **65-0277285** 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 has liability for intangible tax under s. 190.032, Florida Statutes  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**RICHARD J. BALSAMO  
441 DEL PRADO BLVD., N., STE. 8  
CAPE CORAL FL 33915**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, pursuant to the provisions of Section 607.0402, Florida Statutes, and hereby accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0402, Florida Statutes.

SIGNATURE

*Richard J. Balsamo*

4/15/96

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BALSAMO, RICHARD J.</b>	
STREET ADDRESS	<b>3123 S.E. 22ND PL.</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
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. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	<b>15158 PORTS OF IONA DR</b>
4. CITY-ST-ZIP	<b>FT. MYERS, FL 33908</b>
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 of this report, or on an attached sheet to this address.

SIGNATURE: *Richard J. Balsamo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 941-574-5600  
Date-Phone

CR2E034 (12/95)