

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

CORPORATION  
ANNUAL REPORT  
1995



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

**APPROVED  
AND  
FILED**

DOCUMENT # **K78545** (6)  
1. Corporation Name  
**LATITUDE 24 REAL ESTATE, INC.**

95 MAY - 1 11 5: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**1/1 MILE MARKER 24.5 U.S. 1 OCEANSIDE  
SUMMERLAND KEY FL 33043** **P.O. BOX 431605  
BIG PINE KEY FL 33043-1605**

3. Date incorporated or Qualified <b>04/03/1989</b>	3a. Date of Last Report <b>06/21/1994</b>
4. FEI Number <b>65-0119428</b>	Applied Fee Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Expenses Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 24520 Overseas Highway</b> Suite, Apt # etc <b>Mile Marker 24.5</b>	2b. Mailing Address <b>26</b>
<b>22 U.S. 1 Oceanside</b> City & State	<b>27</b> State Apt # etc City & State
<b>23 Summerland Key, Florida</b> City	<b>28</b> City & State
<b>24 33042</b> Zip	<b>25 U.S.A.</b> Country
<b>29</b>	<b>30</b>

9. Name and Address of Current Registered Agent  
**VOWELS, CHARLES H. III  
MILE MARKER 24.5, U.S. 1 OCEANSIDE  
SUMMERLAND FL 33042**

10. Name and Address of New Registered Agent  
**81 Name  
Charles H. Vowels III**  
**82 Street Address (P.O. Box Number is Not Acceptable)  
24520 Overseas Highway**  
**83 Mile Marker 24.5, U.S.1 Oceanside**  
**84 City  
Summerland Key** **85 Zip Code  
FL 33042**

11. Pursuant to the provisions of Sections 607.0507 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 607.1507, Florida Statutes.

SIGNATURE *Charles H. Vowels III* **Charles H. Vowels III, President / Director** **04-28-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE <b>PD</b>	2. NAME <b>VOWELS, III, CHARLES H.</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS <b>P O BOX 430585 N/A</b>	4. CITY, ST, ZIP <b>BIG PINE KEY FL 33043-0585</b>	2. NAME	
5. TITLE <b>STD</b>	6. NAME <b>VOWELS, MERCENE</b>	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. STREET ADDRESS <b>P O BOX 430585 N/A</b>	8. CITY, ST, ZIP <b>BIG PINE KEY FL 33043-0585</b>	4. CITY, ST, ZIP	
9. TITLE	10. NAME	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	12. NAME	6. STREET ADDRESS	
13. CITY, ST, ZIP	14. CITY, ST, ZIP	7. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	16. NAME	8. TITLE	
17. STREET ADDRESS	18. NAME	9. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. CITY, ST, ZIP	20. CITY, ST, ZIP	10. CITY, ST, ZIP	
21. TITLE	22. NAME	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. STREET ADDRESS	24. NAME	12. STREET ADDRESS	
25. CITY, ST, ZIP	26. CITY, ST, ZIP	13. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. TITLE	28. NAME	14. TITLE	
29. STREET ADDRESS	30. NAME	15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. CITY, ST, ZIP	32. CITY, ST, ZIP	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 199.03(2)(b), Florida Statutes. I do hereby 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 the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Charles H. Vowels III* **Charles H. Vowels III, President** **04-28-95** **(305)745-3425**