

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business  
**24520 OVERSEAS HWY MM 24.5  
US 1 OCEANSIDE  
SUMMERLAND KEY FL 33042  
US**

Mailing Address  
**P.O. BOX 431605  
BIG PINE KEY FL 33043-1605**

3. Date Incorporated or Qualified **04/03/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 **MM, 31.3 US 1 GULFSIDE**  
Suite, Apt. #, etc.  
22  
City & State  
23 **BIG PINE KEY, FL**  
Zip  
24 **33043** 25 **U.S.A.**

2a. Mailing Address  
26 **P.O. Box 430925**  
Suite, Apt. #, etc.  
27  
City & State  
28 **BIG PINE KEY, FL**  
Zip  
29 **33043** 30 **U.S.A.**

4. FEI Number **65-0119428** 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. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**VOWELS, CHARLES H. III  
24520 OVERSEAS HWY  
MM 24.5, US 1 OCEANSIDE  
SUMMERLAND KEY FL 33042**

81 Name **CHARLES H. VOWELS III**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **MM 31.3 US, 1 GULFSIDE**  
84 City **BIG PINE KEY** FL 85 Zip Code **33043**

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 **CHARLES H. VOWELS III** *Charles H. Vowels III* **3-11-96**  
Signature, typed or printed name of registered agent and their applicable (Date) (Registered Agent's signature required when terminating) (Date)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>VOWELS, III, CHARLES H.</b>	
STREET ADDRESS	<b>P O BOX 430585 N/A</b>	
CITY-ST-ZIP	<b>BIG PINE KEY FL 33043-0585</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>VOWELS, MERCENE</b>	
STREET ADDRESS	<b>P O BOX 430585 N/A</b>	
CITY-ST-ZIP	<b>BIG PINE KEY FL 33043-0585</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>DOROTHY SUE ABBOTT</b>	
STREET ADDRESS	<b>P.O. BOX 430431 N/A</b>	
CITY-ST-ZIP	<b>BIG PINE KEY, FL 33043-0431</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**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VD DOROTHY SUE ABBOTT</b>
3.3 STREET ADDRESS	<b>P.O. Box 430431</b>
3.4 CITY-ST-ZIP	<b>BIG PINE KEY, FL 33043-0431</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 if changed, or on an attachment with an address.

SIGNATURE: *Charles H. Vowels III* **CHARLES H. VOWELS III** **3-11-96** **305-872-2800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)