

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

APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 AM 8:55

DOCUMENT # **K80504 (9)**
1. Corporation Name
FLORIDA INTERNATIONAL REALTY INVESTMENTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **431 DONNELLY STREET MT DORA FL 32757**
Mailing Address: **431 DONNELLY STREET MT DORA FL 32757**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/14/1989**
3a. Date of Last Report: **08/08/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: **NOT APPLICABLE**

Applied For: Not Applicable

21. **699 E. 5th Ave**
Suite, Apt #, etc

26. **699 E 5th Ave**
Suite, Apt #, etc

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

22. **Mount Dora, FL**
City & State

27. **mt Dora, FL**
City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

23.
City & State

28.
City & State

8. This corporation has liability for interstate tax under S. 199.032, Florida Statutes: Yes No

24. **32757**
Zip

25. **LAKELAND USA**
Locality

29. **32757**
Zip

30. **LAKELAND USA**
Locality

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIDDLETON, HARLOW C.
701 N HELEN ST
MT DORA FL 32757**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of sections 607.0607 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 of Secretary of State (Proprietorship only) (S.S. 199.032)

Signature of Registered Agent (Applicable only when necessary)

DT

12. OFFICERS AND DIRECTORS	
12.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	DPT MAZIK, KENNETH M. 431 DONNELLY ST MT DORA FL
12.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP	VS BROWN, DONNA 431 DONNELLY ST MT DORA FL
12.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
12.6 TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.3 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in law (S. 199.032(9)(b), Florida Statutes). I further certify that the information included in this annual report or supplementary 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as changed or as an addition with an address.

SIGNATURE *Donna H Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR
DONNA H BROWN

4/21/95
904-383-8041