

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business
**699 E 5TH AVE
MT DORA FL 32757
US**

Mailing Address
**699 E 5TH AVE
MT DORA FL 32757
US**

3. Date Incorporated or Qualified **04/14/1989** 3a. Date of Last Report **05/01/1995**

4. FEI Number **APPLIED FOR** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 607.0502 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DPT MAZIK, KENNETH M.**

STREET ADDRESS **431 DONNELLY ST**

CITY-ST-ZIP **MT DORA FL**

TITLE DELETE

NAME **VS BROWN, DONNA**

STREET ADDRESS **431 DONNELLY ST**

CITY-ST-ZIP **MT DORA FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP Change Addition

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP Change Addition

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP Change Addition

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP Change Addition

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP Change Addition

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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*****208.75**

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 *Donna Brown* **Donna Brown** **4/30/96** **352-383-8041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE034 (12/95)