

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L06326** (7)

1. Corporation Name
FRANK ERWIN REALTY, INC.



Principal Place of Business

**29259 U.S. 19 NORTH
CLEARWATER FL 34621**

Mail Stop Address

**126 THIRD AVE. N.
SAFETY HARBOR FL 34695
US**

2. Principal Place of Business

21 **126 Third Ave. N.**
State, Apt. #, etc.

22 **Safety Harbor, FL.**
City & State

23 **34695 USA**
Zip Country

24 _____ 25 _____
Country

2a. Mailing Address

26 _____
State, Apt. #, etc.

27 _____
City & State

28 _____ 29 _____
Zip Country

30 _____
Country

9. Name and Address of Current Registered Agent

**ERWIN, FRANK L.
126 THIRD AVE. N.
SAFETY HARBOR FL 34695**

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

11. Pursuant to the provisions of Sections 602.02(1)(a) and 602.02(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to that in the State of Florida. Such change was authorized by the corporation as provided in the Florida Statutes, and the corporation hereby accepts the responsibility for the change.

SIGNATURE **FRANK ERWIN**

4/15/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ERWIN, FRANK L.	
STREET ADDRESS	1725 LAKE CYPRESS DR	
CITY-STATE-ZIP	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(a), Florida Statutes. I further certify that the information provided 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. I am an officer or director of the corporation or the individual or business organization to which this report is required by Chapter 602, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE **FRANK ERWIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (813) 726-1174

CR2E034 (12/95)