

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 # **M87352** (4)

1. Corporation Name
FIRST APOPKA REALTY, INC.



Principal Place of Business: **2078 APOPKA BLVD APOPKA FL 32703**
Mailing Address: **2078 APOPKA BLVD APOPKA FL 32703**

3. Date Incorporated or Qualified: **06/28/1988**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **59-2902274**
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: **21**
2a. Mailing Address: **26**
22. State, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STONE, STEPHEN M.
725 N. MAGNOLIA AVENUE
ORLANDO FL 32803**

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) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ADLER, BRUCE H. 99 S NEWMAN ST HACKENSACK NJ	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, BRUCE H.	1.2 NAME	
STREET ADDRESS	99 S NEWMAN ST	1.3 STREET ADDRESS	
CITY- ST- ZIP	HACKENSACK NJ	1.4 CITY- ST- ZIP	
TITLE	STD BEALE, LEROY 1302 LAUCHAM CT APOPKA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEALE, LEROY	2.2 NAME	
STREET ADDRESS	1302 LAUCHAM CT	2.3 STREET ADDRESS	
CITY- ST- ZIP	APOPKA FL	2.4 CITY- ST- ZIP	
TITLE	D ADLER, LINDA 99 S NEWMAN ST HACKENSACK NJ	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, LINDA	3.2 NAME	
STREET ADDRESS	99 S NEWMAN ST	3.3 STREET ADDRESS	
CITY- ST- ZIP	HACKENSACK NJ	3.4 CITY- ST- ZIP	
TITLE	D ADLER, ALAN 99 S NEWMAN ST. HACKENSACK NJ	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, ALAN	4.2 NAME	
STREET ADDRESS	99 S NEWMAN ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	HACKENSACK NJ	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Alan Adler* 2/14/96 Date: 407-884-8024 Date of Phone #

CR2E034 (12/95)