

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 07, 1999 8:00 am
Secretary of State
 07-07-1999 90013 022 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **M87352**
 1. Corporation Name
FIRST APOPKA REALTY, INC.



Principal Place of Business
078 APOPKA BLVD
APOPKA FL 32703

Mailing Address
~~2078 APOPKA BLVD~~
~~APOPKA FL 32703~~
P.O. Box 1990
Apopka, FL
32703

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26	<i>P.O. 1990</i>	06/28/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2902274	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3		28 <i>Apopka, FL</i>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
4	25	29 <i>32703</i>	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	85	Zip Code
					FL		

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: _____ **REQUIRED** *7-1999*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

FIRST APOPKA REALTY

P. O. Box 1990
Apopka, Florida 32704

M87352
582636-90013-22

JULY 2, 1999

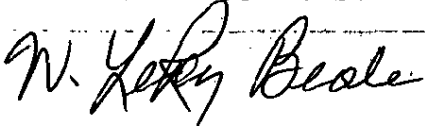
DIVISION OF CORPORATIONS
ANNUAL REPORTS FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

TO WHOM IT MAY CONCERN:

I'M SENDING YOU TODAY THE \$150.00 ANNUAL FEE DUE. PLEASE NOTE WE NEVER RECEIVED THE FIRST MAILING AND ARE RESPONDING IMMEDIATELY UPON RECEIPT OF THE SECOND NOTICE.

IN THE FUTURE PLEASE MAIL ALL CORRESPONDENCE TO THE ADDRESS BELOW.

THANK YOU FOR YOUR CONSIDERATION.



W. LEROY BEALE
PRESIDENT
1ST APOPKA REALTY
P.O. BOX 1990
APOPKA, FLORIDA 32704