

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P18034 (9)**
1. Corporation Name
PDI REALTY, INC.



Principal Place of Business: **5157 REMINGTON ROAD. SW ROANOKE VA 24014**
Mailing Address: **5157 REMINGTON ROAD. SW ROANOKE VA 24014**

3. Date Incorporated or Qualified: **02/16/1988**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **54-1201188**
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 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**ALEXANDER, SALLIE S.
86 S SEWALL'S POINT ROAD
STUART FL 34996**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0512 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
1. TITLE	PD	1.1 TITLE	
2. NAME	POINTS, PATRICIA SUE S.	2.1 NAME	
3. STREET ADDRESS	5157 REMINGTON ROAD SW	3.3 STREET ADDRESS	
4. CITY-STATE-ZIP	ROANOKE VA	4.4 CITY-STATE-ZIP	
5. TITLE	SD	5.1 TITLE	STD
6. NAME	STAPLETON, BRUCE M.	6.1 NAME	
7. STREET ADDRESS	4929 ROBIN HOOD DR	7.3 STREET ADDRESS	
8. CITY-STATE-ZIP	ASHLAND KY	8.4 CITY-STATE-ZIP	
9. TITLE	VTD	9.1 TITLE	VD
10. NAME	ALEXANDER, SALLIE S.	10.1 NAME	
11. STREET ADDRESS	86 S SEWALL'S POINT ROAD	11.3 STREET ADDRESS	
12. CITY-STATE-ZIP	STUART FL	12.4 CITY-STATE-ZIP	
13. TITLE		13.1 TITLE	
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.3 STREET ADDRESS	
16. CITY-STATE-ZIP		16.4 CITY-STATE-ZIP	
17. TITLE		17.1 TITLE	
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.3 STREET ADDRESS	
20. CITY-STATE-ZIP		20.4 CITY-STATE-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 Block 12 or Block 13 of this form, or on an attachment with an address.

SIGNATURE: *Patricia Sue S. Points* DATE: *2-14-96*
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Patricia Sue S. Points DURING PHONE # *(540) 989-1505*

CR2E034 (12/95)