

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P19225 (2)**
1. Corporation Name
HUSSMANN REALTY CO.



Principal Place of Business Mailing Address
1920 BAYSHORE DR ENGLEWOOD FL 34223 US
307 WEXFORD TERRACE VENICE FL, 34293
PO BOX 1921 VENICE FL 34284 US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
HUSSMANN, JAMES C.
1920 BAYSHORE DR ENGLEWOOD FL 34223
307 WEXFORD TERRACE VENICE FL 34293

11. Pursuant to the provisions of Sections 607.0072 and 607.1505, Florida Statutes, the above named corporation's board of directors, by statement for the purpose of changing its registered office or registered agent or both, in the State of Florida said 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, Sections 607.0072, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	P HUSSMANN, JAMES C.
STREET ADDRESS	1920 BAYSHORE DR 307 WEXFORD TERRACE
CITY-STATE-ZIP	ENGLEWOOD FL 34223 VENICE FL 34293
TITLE	<input type="checkbox"/> DELETE
NAME	ST HUSSMANN, EDNA M.
STREET ADDRESS	1920 BAYSHORE DR 307 WEXFORD TERRACE
CITY-STATE-ZIP	ENGLEWOOD FL 34223 VENICE FL 34293
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 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 STREET ADDRESS	
3 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 NAME	
5 STREET ADDRESS	
6 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7 NAME	
8 STREET ADDRESS	
9 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10 NAME	
11 STREET ADDRESS	
12 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and is true and correct in every respect except as stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information and data in this report are true and correct 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 registered or trustee employee of the corporation as reported as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this change-of-office or agent statement with an address.

SIGNATURE: *James C. Hussmann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 941-492 5616

CR2E034 (12/95)