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Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P19225 (2)

1. Corporation Name
HUSSMANN REALTY CO.



Principal Place of Business: 307 WEXFORD TERR, VENICE FL 34293, US
Mailing Address: PO BOX 1921, VENICE FL 34294-1921, US

3. Date Incorporated or Qualified: 05/12/1988
3a. Date of Last Report: 04/19/1996
4. FEI Number: 31-0644374
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
HUSSMANN, JAMES C.
307 WEXFORD TERR
VENICE FL 34293

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	HUSSMANN, JAMES C.
STREET ADDRESS	307 WEXFORD TERR
CITY - ST - ZIP	VENICE FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	HUSSMANN, EDNA M.
STREET ADDRESS	307 WEXFORD TERR
CITY - ST - ZIP	VENICE FL
TITLE	V. P. <input type="checkbox"/> DELETE
NAME	JAMES M. HUSSMANN
STREET ADDRESS	121 13TH ST
CITY - ST - ZIP	EDWARDS CALIF 93523-1915
TITLE	DIR <input type="checkbox"/> DELETE
NAME	HUSSMANN, DARLENE
STREET ADDRESS	121 13TH ST
CITY - ST - ZIP	EDWARDS CALIF 93523-1915
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	V. P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HUSSMANN JAMES M.
3.3 STREET ADDRESS	121 13TH ST
3.4 CITY - ST - ZIP	EDWARDS CALIF 93523-1915
4.1 TITLE	DIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HUSSMANN DARLENE
4.3 STREET ADDRESS	121 13TH ST
4.4 CITY - ST - ZIP	EDWARDS CALIF 93523-1915
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 it changed, or on an attachment with an address.

SIGNATURE: *James C. Hussmann* Jan 14, 97 941 492 5616
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JAMES C. HUSSMANN Date: _____ Daytime Phone: _____

CR2E034 (9/96)