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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortinam

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

P9300001205 (2)

Corporation N	ame		•	•						
INITIAT	IVE REALTY, INC.									
ncipal Place of	Rusiness	Mailing Addr	ess						55181 6111 10 81	
12980 LAKE MARY JANE RD 12980 LAKE MARY JANE ORLANDO FL 32632 ORLANDO FL 32832										
US	. 32032	US	-			3. Date Incorporated or Qualified 3a. Date o		ate of Last Rep		
						12/23/1992		04/28/199		
Dringinal Plac	e of Business	2a, Mailing A	Address			4. FEI Number		I	pled For	
- In Cipari I ac	C Of Basilions	26				59-2368034			t Applicable	
Suite, Apt. #,	etc.	Suite, Ap	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 Fee Re	equired	
City & State		City & St	City & State			6. Election Campaign Financing			May Be to Fees	
		28	Zip Country		Trust Fund Contribution 8. This corporation has liability for	intangib's				
Zip	Country 25	En i	29		,	Florida Statutes 🔲 Yes 🔲 No				
	9. Name and Address of Curr		ent	30		10. Name and Address of New	Register	ed Agent		
2,					Name					
IRWIN, RONALD L				8:	Street Ad	dress (P.O. Box Number is Not Accepta	ible)			
12980 LAKE MARY JANE ROAD ORLANDO FL 32832				8	ļ	, ————————————————————————————————————				
				Ľ				oe 7	Code	
				8	4 City		F	EL 85 Zip	Code	
GNATURE 	Signature typed or protection in of registered a OFFICERS	AND DIRECTORS	(hu)	13.	peri signalor de l	ADDITIONS/CHANGES TO O	FICERS /	AND DIRECTOR	RS IN 12	
rif			DELE IF	1 1 I-TLE				Change	Addition	
ME .	IRWIN, RONALD L		OAD		£					
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STREET ADDRESS.	1			0501						

64 City-S1-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 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 certify that I am an officer or director of this 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 eddress. 17/96 407 381 5 798

SIGNATURE: ..

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR