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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000035272 (2)**

1. Corporation Name
COURT REALTY, INC.

Principal Place of Business 697 CUTLER ROAD LONGWOOD FL 32779	Mailing Address 697 CUTLER ROAD LONGWOOD FL 32779
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/14/1993	3a. Date of Last Report 07/11/1994
4. FEI Number 59-3183279	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 198.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**WALTERS, PHILIP R
897 CUTLER ROAD
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
B5. 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME WALTERS, PHILIP R	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 897 CUTLER ROAD	CITY - ST - ZIP LONGWOOD FL 32779	2. NAME	
		3. STREET ADDRESS	
		4. CITY - ST - ZIP	
TITLE	NAME	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		22. NAME	
CITY - ST - ZIP		23. STREET ADDRESS	
		24. CITY - ST - ZIP	
TITLE	NAME	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		32. NAME	
CITY - ST - ZIP		33. STREET ADDRESS	
		34. CITY - ST - ZIP	
TITLE	NAME	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42. NAME	
CITY - ST - ZIP		43. STREET ADDRESS	
		44. CITY - ST - ZIP	
TITLE	NAME	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52. NAME	
CITY - ST - ZIP		53. STREET ADDRESS	
		54. CITY - ST - ZIP	
TITLE	NAME	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62. NAME	
CITY - ST - ZIP		63. STREET ADDRESS	
		64. CITY - ST - 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 110.07(3)(b), 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: *Philip R Walters* 5/10/95 (407) 788-2182
 PHILIP R. WALTERS