FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058621 (0)

PARACLETE REALTY, INC.

Principal Place of Business

929 B CR 25 LADY LAKE FL 32159 US		9296 CR25 P. O. BOX 159 LADY LAKE FL 32158-0159 US			Date Incorporated or Qualified 07/28/1995	3a. Date of Last 04/09/1996	
2. Principal I	Piace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3328043 Not Applicable		
Surte, Apt 22	#, etc	Suile, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional Required
City & State 23		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Coun	try	8. This corporation has liability for i		s. 199.032,
24	25	29	30			Yes 🗌 No	
	9. Name and Address of Curren	t Registered Agent		-1	10. Name and Address of New Rej	jistered Agent	
	STATE LEGAL SUPPLY CORP.			Name			
4435 OLD WINTER GARDEN RD ORLANDO FL 32811			Ī	Street Add	lress (P.O. Box Number is Not Acceptab	le)	
				13			
			[8	I4 City		FL 85 Zip	Code
11. Pursuant office or agent 1:	t to the provisions of Sections 607,050? registered agent, or both, in the State an familiar with, and accept the obliga	? and 607 1508, Florida Statu of Florida: Such change was trons of, Section 607,0505, F	utes, the abo authorized Torida Statu	ove-named cor by the corpora les.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing t the appointment a	its registered s registered
SIGNATURE	is great at type disciplianted name of regularical agree	er and tille it applicable. (NK	OTE Fingistered	Agent signature requ	ired when reinstating)	DATE	,,,,,
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
Tifté	D	☐ DELETE	1.1 TITL	Ē		Change	☐ Addition
NAM:	NAGEM, RUTH		1.2 NAM	E			
STREEL ADDRESS			1.3 STR	ET ADDRESS			
CHY-St 261	LADY LAKE FL 32159		1.4 C(T)	-ST-ZIP			
111.6		DELETE	2.1 TITL	E.		☐ Change	Addition
NAME			2.2 NAM	E			1
STREET ADDRESS	ļ		2.3 \$TR	ET ADDRESS			
CITY - ST - Ziệ		·····	2 4 CIT	- ST - ZIP			
111_8		☐ DELETE	3 1 T(TL	•		☐ Change	☐ Addition
NAME			3.2 NAM	E			
STREET ADDRESS			3.3 STR	ET ADDRESS			
CHM - \$1 - 762			3.4 CIT	(-ST-ZIP			
101.F		☐ DELETE	4.1 7171.		The second secon	☐ Change	☐ Addition
NAME			4. 2 NA	ΛE.			
STREET ADDRESS.			4.3 STR	ET ADDRESS			
CHTV - 51 - 7(2)			4.4 CITY	- S1- ZIP			
DIEL		☐ DELETE	5 1 TITL			Change	Addition
NAME			5.2 NAM	r			_

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 arriulal 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 arrivers in Brock 12 or Block 13 if changed or order attachment with an address.

61 TITLE

62 NAME

5.3 STREET ADDRESS 5.4 CITY+ST-ZIP

63 STREET ADDRESS

64 CITY-ST-ZIP

CICNATURE V

STREET ADDRESS

STREET ADDRESS

CCY \$1-749

THEF

HAME

WAR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DELETE

3/1/97 800-335-3995

Change

Addition

FILED

Mar 04 1997 8:00am

Secretary of State