## 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 # P95000061173 (7)

ESTERO REALTY, INC.

Principal Place of Business

CITY - ST - ZIP

SIGNATURE:

316 NORTH LAKE AVENUE 316 NORTH LAKE AVENUE LEHIGH ACRES FL 33972-5139 LEHIGH ACRES FL 33936 3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1995 04/04/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0599919 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Z-p Country  $Z_{10}$ 8. This corporation has liability for intangible tax under s. 199.032, 🙀 Yes 🔲 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BROWNING, FRED M 316 NORTH LAKE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **LEHIGH ACRES FL 33936** 83 84 Crty 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 Signature ingression procedition is of registered agent and title a appropriate (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1 1 TITLE TITLE BROWNING, SHIRLEY 12 NAME NAME 316 NORTH LAKE AVENUE 1.3 STREET ADDRESS STREET ADDRESS **LEHIGH ACRES FL 33936** 1.4 CITY-ST-ZIP CrTY - \$1 - ZiP Addition DELETE ☐ Change 2.1 THLE TIFLE VAN CLEVE, VERSIE 2.2 NAME 202 N LAKE AVENUE 2.3 STREET ADDRESS STREET ADORESS **LEHIGH ACRES FL 33936** 2. 4 CITY - ST - ZIP CITY-S"-ZIP Addition DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIF Addition DELETE Change 4.1 TITLE TELLE 4. 2 NAME HAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-SI-70P Change ■ Addition DELETE 5.1 TITLE THUE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ACHORESS 5.4 CITY - ST - ZIP CITY - \$1 - ZIP Addition DELETE Change 6.1 TITLE TII.E 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

64 CITY-ST-ZIP

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

Jan 16 1997 8:00am Secretary of State

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