

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

FILED
May 09 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 # P96000028871 (7)
 1. Corporation Name
CENTURY 21, AMERICAN DREAM REALTY, INC.



Principal Place of Business: **301 62ND AVENUE N ST. PETERSBURG FL 33702**
 Mailing Address: **301 62ND AVENUE N ST. PETERSBURG FL 33702-7537**

| | | | | | |
|--------------------------------|---|---------------------|---|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/25/1996 | 3a. Date of Last Report |
| 21 | 6669 54th Ave N Suite, Apt. #, etc. | 26 | 6669 54th Ave N Suite, Apt. #, etc. | 4. FEI Number 59-3372813 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | St Petersburg FL | 28 | St Petersburg FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Zip 33709 | 29 | Zip 33709 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25 | Country Pinellas | 30 | Country Pinellas | | |

9. Name and Address of Current Registered Agent
LEWIS, MARK R SR
3131 - 68TH STREET NORTH
SUITE A
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent
 81 Name: **Borden, Charles M.**
 82 Street Address (P.O. Box Number is Not Acceptable): **6669 54th Avenue North**
 83 City: **St Petersburg FL**
 84 Zip Code: **33709**

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: *Charles M Borden* **CHARLES M. BORDEN** DATE: **4/29/97**

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|---|--|---|--|---|
| TITLE | D | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRIS, RICHARD C | | 1.2 NAME | | |
| STREET ADDRESS | 3131 68TH ST N STE A | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> DELETE | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BORDEN, CHARLES M | | 2.2 NAME | | |
| STREET ADDRESS | 3131 68TH ST N STE A 6669 54th Ave N | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 St. Petersburg FL 33709 | | 2.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 changed, or on an attachment with an address.

SIGNATURE: *Charles M Borden* **CHARLES M BORDEN** DATE: **4/29/97**

CR2E034 (9/96)