

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 384597

1. Corporation Name

SPARTA REALTY, INC.

Principal Place of Business

Mailing Address

4781 N CONGRESS AVE.
SUITE 191
LANTANA, FL 33462

2. Principal Place of Business

2a. Mailing Address

21 4781 N. CONGRESS AVE.

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 191

27

City & State

City & State

23 Lantana, FL

28

Zip

Country

Zip

Country

24 33462

25 USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
6/28/91

3a. Date of Last Report
4/22/95

4. FEI Number
59-1526307

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

ARLENE M RENE
4781 N. CONGRESS AVE.
SUITE 191
LANTANA, FL 33462

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 of the person filing this statement on behalf of the corporation

Date of Registration Agent's Appointment

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT/T/D DELETE
NAME ARLENE MELLON RENE
STREET ADDRESS 106 MATTHEW DR.
CITY-ST-ZIP BOYDTON, FL 33438

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

800001905058
-07/26/96--01006--017
***225.00

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 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:

Arlene Mellon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/96

CR2E034 (12/95)