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

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 💎 🥒

DIVISION OF CORPORATIONS

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ANNUAL REPORT	STATE OF STATE OF	Secretary of
1996	Control	DIVISION OF COI
DOCUMENT #  1. Corporation Name	P9500006	61173 (7)
ESTERO REALTY, IN	NC.	



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Principal Place of Business Mailing Address							
316 NORTH LAKE AVENUE LEHIGH ACRES FL 33936		316 NORTH LAKE AVENUE LEHIGH ACRES FL 33936					
					3. Date incorporated or Qualified 08/07/1995	3a. Date of	Last Report
2. Principal Pia	ce of Business	2a. Mading Address			4. Ft: Number		Applied For
21		26			65-059991	19	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	<del></del>	Oity & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	trγ	8. This corporation has liability for	intangible tax u	
24	25	29	30	•		□No	
*	9. Name and Address of Current	t Registered Agent			10. Name and Address of New R	egistered Ag	ent
4			1	31 Name			
	ning, fred M		-	32 Street Ad	ldress (P.O. Box Number is Not Acceptab	le)	
	ORTH LAKE AVENUE			- S. OCI AC	and the second s	-,	
LEHIG	H ACRES FL 33936		[	33			
			ļ.	34 City		P-1	85 Zip Code
					poration submits this statement for the pur	FL	
familiär with SIGNATURE	n, and accept the obligations of, Section	on 607.0505, Florida Statute	·s.		pard of directors. I hereby accept the app	ointment as re	gistered agent I am
· <del></del>	Signature, type I or printed name of registerer agents			gert signature in 4	end vine reinstating.	DATE DO AND D	IDE OTODO IN TO
12.	OFFICERS AND	DELETE	13.	г	ADDITIONS/CHANGES TO OFF		Change Addition
TITLE NAME	, Browning, Shirley	[] Determ	1 1 111			Ц	CharigeAddition
STREET ADDRESS	316 NORTH LAKE AVENUE		1 2 NAM	EET ADDRESS			
CHTY-ST-ZIP	LEHIGH ACRES FL 33936						
TITLE	• D	☐ DELETE	2 1 717	r-ST-ZIP			Change
NAME	VAN CLEVE, VERSIE	beech	2.2 NAN			U	Oriente D Mad them
STREET ADDRESS	202 N LAKE AVENUE			SELADORESS			
CITY-ST-ZIP	LEHIGH ACRES FL 33936			r-\$1-ZIF			
TrilF		DELETE	3 1 111				Change Addition
NAME			3 2 NAM			_	• • •
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP				r-SI-7IP			
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NAME			4.2 NAJ	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY - ST - ZIP			4 4 Cif	r ST-ZIP			
THLE		DELETE	5 11:1				Change Addition
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TITLE		DELETE	6 1 TIF	LE	<b>6000017</b> 1 -04/05/96010	)18da	Change Addition
NAME			6 2 NA	ME .	***200.00		=
STREET ADDRESS			6.3 STF	EET ADDRESS			
CITY-ST-ZIP			64 CIT	Y-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 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 18 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96 (941)992-3096 SC- 9-4-96