

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000090206 (1)**
1. Corporation Name

ANDY GRAY SCHOOLS OF REAL ESTATE, INC.



Principal Place of Business

Mailing Address

**1844 RIVIERA CIRCLE
SARASOTA FL 34232**

**1844 RIVIERA CIRCLE
SARASOTA FL 34232**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GRAY, ANDY
1844 RIVIERA CIRCLE
SARASOTA FL 34232**

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 607.07(2) and 607.15(8), 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 607.07(2), Florida Statutes.

SIGNATURE

Signature of person authorized to change registered office or agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition

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 or in Block 14, or in an attachment with an affidavit.

SIGNATURE:

ANDY GRAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

941-921-5327
Office Phone

CR2E034 (12/95)