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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 241344

(1)

ROY A. GLISSON REALTY, INC.

Principal Pia	ce of Business	Mailing Address					
12773 FOREST HILL BLVD		12773 FOREST HILL BLVD					
SUITE 201		SUITE 201					
W PALM BEA	ACH FL 33414	W PALM BEACH FL 33	414-4761				
					<ol> <li>Date Incorporated or Qualified 10/21/1960</li> </ol>	3a. Date of Last Report 06/18/1996	
2. Principa! Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-0910188	Not Applicab	ole
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional		
22		27		6. Continuate of Otalus Dustreu	Fee Required		
City & Sta	are	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be	
<b>23</b> Zip	Country	Zip	Count		Trust Fund Contribution	Added to Fees	
24	25	29	30	у		or intangible tax under s. 199.032,  Yes No	
	9. Name and Address of Curre		1301		10. Name and Address of New F	<del></del>	
GL	ISSON, ROY A		8	Name			_
	773 FOREST HILL BLVD 201		8	Street Ad	Idress (P.O. Box Number is Not Accept	ahla)	
W	PALM BCH FL 33414				areas (1.10), box intrinser is not necept	1010)	
			8	3			
			8	City		FL 85 Zip Code	
11, Pursuan	t to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	tutes, the abo	/e-named co	propration submits this statement for the	nurnose of changing its registers	
office or agent 1	registered agent, or both, in the State am familiar with, and accord the oblic	e of Florida. Such change wa ations of Section 607 0505	is authorized l Florida Statut	y the corpor	ration's board of directors. I hereby acc	ept the appointment as registered	ı
SIGNATURE		,					
DIGITATORE	Signature, typed or printed name of registered ag		IOTE: Registered A	jent signature rec	quired when reinstating)	DATÉ	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	P SUBSECTION POWA	☐ DELETE	1.1 TITLE			Change Addition	01
NAME	GLISSON, ROY A	i i					
STREET ADDRESS			1.3 STRE	T ADDRESS			
CITY - ST - ZIF	W PALM BCH., FL 00000 ST	T bouest	1.4 CITY	ST-ZIP			
TITLE	GLISSON, CLAIRE E.A.	DELETE	2.1 TITLE			Change Addition	ρn
NAME	ANTIN PARPAT MILL DU ANA		2.2 NAMI				
STREET ADDRESS	W PALM BCH., FL 00000		1	T ADDRESS			,
CITY-ST-ZIP TITLE	W TALW BOTT, TE 00000	DELETE	2. 4 CITY 3.1 TITLE	ST-ZIP		Change Addition	OD.
NAME		tad beene	3.2 NAMI	l		C Ollange C Account	011
STREET ADDRESS				T ADDRESS			
CITY-S1-ZIP			3.4. CITY	1			
TITLE		DELETE	4.1 TITLE	-		Change Addition	on.
NAME			4. 2 NAM				
STREET ADDRESS			4.3 STRE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	on
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY - ST - ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change Addition	on
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
City_St_7iP			e a City				

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.

**FILED** 

Mar 10 1997 8:00am

Secretary of State