FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 292897 DOCUMENT # GUILD REALTY CORPORATION Principal Place of Business Mailing Address (sanc) 385 PINEPA COURT #200 MELBOUKNE, FL 32940 3. Date Incorporated or Qualified 3a. Date of Last Report -13-95 5/13/ 65 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 385 PINEDA CT 385 PINEDA CT. 59-10985 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 200 200 22 27 Fee Required City & State \$5.00 May Be Cit & State 6. Election Campaign Financing MELBOURNE MELROURNE 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Country Country Zιo Zip 40 25 BREVINCE 29 32940 9. Name and Address of Current Registered Agent 32940 30 BREVARD 24 10. Name and Address of New Registered Agent Name FRANK 81 Frank W. Schieber, Dr. W. SCHIEBER, JR. 82 PINEM 83 84 City 32940 MELBOURNE FL 1. 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 beth, in the State of Florida, State was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept registered registered agent, 0.505, Florida Statutes. to of registered agent and little it applicate FRANK W. SCHIEBER, JR. 4-25-96 DATE pres. SIGNATURE tered Agent signature instating) CR2E034 (12/95) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. THILE DELETE PSTP 1 1 TITLE Change D Addition Frank w. Schieber, J. FRANK W. SCHIEBER, JR NAME 1.2 NAME 385 Pineda (t. #200 STREET ADDRESS 1.3 STREET ADORESS 1.4 CITY - ST- ZIP relbourne, FL 32940 C-TY-ST-ZIP DELETE TIFLE 2 1 TIFLE Change Addition P Dirie Lee Ball NAME 2.2 NAME 1201 Cape Gonl Play STREET ADDRESS 2.3 STREET ADDRESS Cape Coral, FL 33904 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 3. 1 TIFLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP DELETE Change Addition THTLE 4. 1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 200001805492 -05/02/96--01084--016 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE ***200.00 Change Addition NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY-S1-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition THE 6. 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-2IP 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. Hurther 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 4-25-96 (407) 242-8600 SIGNATURE: OR DIRECTOR