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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 325649 (2)														
		REA	ALTY, INC.											
Principal Place 425 W COLO ORLANDO F	ONIAL DRIVI		TE 201	M	Mailing Address 425 W COLONIAL DRIVE SUITE 201 ORLANDO FL 32804									
										3. Date Incorporated or Qualified 01/26/1968	3a.	Date of Last F 05/01/1		
2. Principal Pla 21	ace of Busin	ess		2a. 26	a. Mailing Address					4. FEI Number 59-1203697	. 4		Applied For Not Applicable	
Suite, Apt. 4	#, etc.			<u>-</u>	Suite, Apt. #, etc.					5. Certificate of Status Desired	DK.		5 Additional	
City & State				27	City & State					6. Election Campaign Financing		\$5.0	Required  May Be	
<b>23</b> Zip			Country	28	Zip Cou			у		Trust Fund Contribution  8. This corporation has liability for		ole tax under s	199.032,	$\dashv$
24	9. Name and Address of Current				29 30 30 egistered Agent			Florida Statutes   Yes □ No  10. Name and Address of New Registered Age					ent	
A. (D.T.)							81	Name						
	i, paul l Coloniai	. DR	IVE SUITE 201				82	Street	Addres	ss (P.O. Box Number is Not Acceptat	ole)			1
	DO FL 32						83	<del>                                     </del>						-
							84	City				85 Z	p Code	-
11. Pursuant to	o the provis	ions o	f Sections 607 0502	and 60	97 1508 Florida Statuti	os the	above	named c	ornorat	ion submits this statement for the pu		FL 65 2	reniclared office	<u>, 1</u>
or registere	ed agent, or	both.	, in the State of Florid	da. Suct	h change was authoriz .0505, Florida Statutes	ed by t	the con	ooration's	board	of directors. I hereby accept the app	ointme	nt as registered	d agent. I am	5
SIGNATURE														
12.	Signature, typed	or print	ed name of registered agent OFFICERS AND			··	tered Agr 13.	int signature	required v	wher reinstalling: ADDITIONS/CHANGES TO OFF	DA		20C IN 12	–ો જે
TITLE	PVST		0.7101101101		DELETE		1 1 TITLE		$\overline{D}$	VST	IOLAS	Change	Addition	CR2E034 (12/95)
NAME	CURTIS, CLINTON A				12				Curtie, Clinton 425 W. Colonical Dr. 201				_	Z
STREET ADDRESS		LONIAL DRIVE #	<u>2</u> 01			13 SIREE	F ADDRESS	46						
CITY-ST-ZIP	ORLAN	ADO.	FL				1.4 CITY-	\$1-712	0	rlando, Fl 32804	L			_ ₩
TITLE	PD CURTI	e p	MA I		DELFTE		2 1 TITLE					Change	Addition	٥
NAME			.ONIAL DR.,#201		221									
STREET ADDRESS	ORLAN						1 ADDRESS							
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NAME							3.2 NAME		ŀ			L.J Griange	Acciden	
STREET ADDRESS						1:	3 3. STREI	T ADDRESS						
CITY-ST-ZIP							3.4 CiTY~	SI-ZIP	ŀ					
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NAME						_ I ·	4.2 NAME							
STREET ADDRESS							4.3 STREE	1 ADDRESS						1
CITY - ST - ZIP					T DELETE		4.4 CITY-		<del> </del>			<b>(</b> ) ()	F-1 64456	_
TITLE NAME					☐ DELETE		5 1 TITLE 5 2 NAME					Change	Addition	
STREET ADDRESS							5.2 NAMĚ r a stree	T ADDRESS						
CITY+ST-ZIP							5.3 SINCE 5.4 CHTY-							
TITLE					DELETE		6 1 TITLE		1			Change	Addition	-
NAME					-	- 1	6 2 NAME							
STREET ADDRESS							6.3 STREE	T ADDRESS						
CITY-ST-ZIP	<u></u>						6.4 CITY-		<u> </u>			1		
14. I do hereby certify that oath; that I appears in	y certify that the informa I am an offic Block 12 or	the in tion in er or Bloc	nformation supplied andicated on this annu- director of the corpo k 13 if changed, or a	with this pal repor ration o an at	: filing is voluntarily furn rt or supplementa! ann rr the receiver of trusto lachin ent with an addr	iished uui rep e empa ess.	arid do ort is tr owered	e not qu ue and a tolexed	alify for courate te this	the exemption stated in Section 19 and that my signature shall have the report as required by Chapter 517, Fi	07(3)(k same l orida S	Y Florida Statu egul effect as i tajutes; and th	tes. I further f made under at my name	