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FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 08 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # 325649** 

(2)

PAUL CURTIS REALTY, INC. Principal Place of Business Mailing Address 425 W COLONIAL DRIVE SUITE 201 425 W COLONIAL DRIVE SUITE 201 ORLANDO FL 32804 ORLANDO FL 32804-6875 3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1968 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1203697 26 Not Applicable 21 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country  $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CURTIS, PAUL L 425 W COLONIAL DRIVE SUITE 201 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 84 City Zip Code 85 11. 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 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 607.0505, Florida Statutes. SIGNATURE Superiors, typodior printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Addition Change 11 TITLE THE 1.2 NAME CURTIS, CLINTON A NAME 425 W. COLONIAL DRIVE #201 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY - ST - ZIP CHY-ST-ZIE DELETE Addition Change 2.1 THILE TITLE PO CURTIS, PAUL L 2.2 NAME NAME 425 W.COLONIAL DR.,#201 STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THIE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE 4 1 TITLE Change Addition Title 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP 011Y - \$1 - Z0F Addition DELETE 5.1 TITLE Change THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C(TY-ST-2)P CHY-ST-ZIP Addition DELETE Change TITLE 6.1 THLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY - \$1 - 7(P) or qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the optitie true and accurate and that my signature shall have the same tegal effect as if made under oath; that emp ng does 14. I do horeby certify that the information is information indicated on this annual rep annual I am an officer or lirector of th