

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

FILED

Apr 28 1997 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 361132 (4)

1. Corporation Name  
WEST ORLANDO REALTY INC

Principal Place of Business

214 S DILLARD ST  
WINTER GDN FL 34787  
US

Mailing Address

214 S DILLARD ST  
WINTER GDN FL 34787-3523  
US



3. Date Incorporated or Qualified 03/17/1970  
3a. Date of Last Report 04/25/1996

|   |   |
|---|---|
| 2. Principal Place of Business<br>21 91 Broad St<br>Suite, Apt. #, etc. n/a<br>22 City & State Winter Garden FL<br>Zip 34787 Country US | 2a. Mailing Address<br>26 91 Broad St.<br>Suite, Apt. #, etc. n/a<br>27 City & State Winter Garden FL<br>Zip 34787 Country US |
|---|---|

|   |   |
|---|---|
| 4. FEI Number 59-1293637<br>Applied For Not Applicable  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br>HARTSFIELD, WILLIAM N<br>214 S. DILLARD ST.<br>WINTER GARDEN FL 34787 | 10. Name and Address of New Registered Agent<br>B1 Name<br>B2 Street Address (P.O. Box Number is Not Acceptable) 91 Broad St.<br>B3<br>B4 City Winter Garden FL B5 Zip Code 34787 |
|--|---|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |              |
|----------------------------|-----------------------|---|--------------|
| TITLE PSD                  | HARTSFIELD, WILLIAM N | 1.1 TITLE   |              |
| NAME                       | 214 S DILLARD ST      | 1.2 NAME  | 91 Broad St. |
| STREET ADDRESS             | WINTER GDN FL         | 1.3 STREET ADDRESS                                    |              |
| CITY-ST-ZIP                |                       | 1.4 CITY-ST-ZIP                                       |              |
| TITLE V                    | HARTSFIELD, JUDITH L. | 2.1 TITLE   |              |
| NAME                       | 214 S DILLARD ST      | 2.2 NAME  | 91 Broad St. |
| STREET ADDRESS             | WINTER GDN FL         | 2.3 STREET ADDRESS                                    |              |
| CITY-ST-ZIP                |                       | 2.4 CITY-ST-ZIP                                       |              |
| TITLE                      |                       | 3.1 TITLE   |              |
| NAME                       |                       | 3.2 NAME  |              |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |              |
| CITY-ST-ZIP                |                       | 3.4 CITY-ST-ZIP                                       |              |
| TITLE                      |                       | 4.1 TITLE   |              |
| NAME                       |                       | 4.2 NAME  |              |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |              |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |              |
| TITLE                      |                       | 5.1 TITLE   |              |
| NAME                       |                       | 5.2 NAME  |              |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |              |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |              |
| TITLE                      |                       | 6.1 TITLE   |              |
| NAME                       |                       | 6.2 NAME  |              |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |              |
| CITY-ST-ZIP                |                       | 6.4 CITY-ST-ZIP                                       |              |

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.

SIGNATURE:  4-22-97 407-654-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)