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FILED
Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moore
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 398788 (0)
1. Corporation Name
ANN DEL VALLE REALTY, INC.



Principal Place of Business: 5106 LONGFELLOW P.O. BOX 18827 TAMPA FL 33679
Mailing Address: 5106 LONGFELLOW P.O. BOX 18827 TAMPA FL 33679-8827

3. Date Incorporated or Qualified: 04/06/1972
3a. Date of Last Report: 02/16/1996
4. FEI Number: 59-1396092
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24 Zip 25 Country
2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
NEWCOMER, JOHN R.
4830 W.KENNEDY BLVD, #750
TAMPA FL 33609

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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
TITLE: PD
NAME: DEL VALLE, ANN
STREET ADDRESS: 5106 LONGFELLOW
CITY - ST - ZIP: TAMPA FL
TITLE: ST
NAME: NEWCOMER, JOHN R.
STREET ADDRESS: 715 S. NEWPORT
CITY - ST - ZIP: TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE [] Change [] Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE [] Change [] Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE [] Change [] Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE [] Change [] Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE [] Change [] Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE [] Change [] Addition
62 NAME
63 STREET ADDRESS
64 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 charged, or on an attachment with an address.

SIGNATURE: Ann Del Valle 1/9/97 (813)839-4279
SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)