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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 405442

(5)

PETE PETRIE REALTY, INC.

FILED

Apr 15 1997 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address	Mailing Address					
1306 SE 47TH STREET		1308 SE 47TH STREET	1308 SE 47TH STREET					
CAPE CORAL F		CAPE CORAL FL 33904-9	636					
					3. Date Incorporated or Qualified 07/24/1972	3a. Date of Last Rep 04/09/1996	port	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEt Number	Арр	lied For	
21		26			59-1410664	Not	Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	6	City & State			6. Election Campaign Financing	\$5.00 N		
23		28			Trust Fund Contribution	Added to	•	
Zip Country		Zip			8. This corporation has liability fo		199.032,	
24	25 29		30		Florida Statutes X Yes 🔲 No			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New F	legistered Agent		
	.s, betty j		81	l Name				
	SE 47TH STREET		82 Street Add		ress (P.O. Box Number is Not Accepta	able)		
CAPI	E CORAL FL 33904		-	<u></u>				
			83	'				
			84	City		85 Zip Ci	ode	
44.6				<u> </u>	Ali alamana farah	FL US ZAP ON	rominancon.	
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was	authorized b	by the corpora	poration submits this statement for the tion's board of directors. I hereby acc	ept the appointment as re	egistered	
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, F	Iorida Statute	es.				
SIGNATURE	Signature, typod or printed name of registered a	AND	NII . Desirbated A.	nool signed to room	ired when reinstating)	DATE		
12.		ND DIRECTORS	13.	gent signature requ	ADDITIONS/CHANGES TO OFF		IN 12	
TITLE	PVST	DELETE	1.1 TITLE			☐ Change	Addition	
NAME	WILLS, BETTY J.		1.2 NAME					
STREET ADDRESS	5286 NAUTILUS DR.		1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		1.4 CH Y -	S1-2IP				
TITLE		DELETE	2.1 TITLE			Change	Addition	
NAME			2.2 NAME	:				
STREET ADDRESS			2.3 S1RE	I ADDRESS				
CITY-ST-ZIP			2. 4 CITY	- S1 - ZIP				
TITLE		DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME		•			
STREET ADDRESS			3.3 STREE	1 ADDRESS				
CITY-ST-ZIP			3.4. CITY	- ST - ZIP		·····		
TITLE	_		4.1 TITLE			☐ Change	Addition	
NAME			4. 2 JAM					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		T DELEVE	4.4 CITY -	S1-ZIP		[] AL	A.A.anne	
TITLE		☐ DELETE	5.1 TITLE			LJ Change		
NAME			5.2 NAME					
STREET ADDRESS	•			E1 ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-	\$1-ZIP		Change	Addition	
TITLE		T DETEIL	6.1 TITLE			☐ Outdings	- HOURION	
NAME			6.2 NAME					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP	by certify that the information suppl	ied with this filing does not aus	6.4 CITY-		d in Section 119.07(3)(i), Florida Statu	tes. I further certify that the	 10	
informatio	in indicated on this annual report o	r cupplomontal appual rapart is	true and acc	urata ann tha	t mu cianatura chall haya tha cama iar	an allact as it made upde	or nath: that	
appears l	in Block 12 or Block 13 if changed,	or on an attachment with an ac	ddress.	oute una rept	rt as required by Chapter 607, Florida	. Oktobol and that my ha	110	