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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 411920 (2)

1. Corporation Name

DEHLINGER REAL ESTATE, INC.

Principal Place of Business

605 BIRCH BLVD.  
ALTAMONTE SPRINGS FL 32701

Mailing Address

605 BIRCH BLVD.  
ALTAMONTE SPRINGS FL 32701



3. Date Incorporated or Qualified

11/01/1972

3a. Date of Last Report

03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEHLINGER, AUDREY  
605 BIRCH BLVD.  
ALTAMONTE SPRINGS FL 32701

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

*Audrey Dehlinger*

AUDREY DEHLINGER

5/8/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DEHLINGER, STEVEN  
STREET ADDRESS 631 PALM SPRINGS DR., #117  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

☐ DELETE

TITLE PST  
NAME DEHLINGER, AUDREY  
STREET ADDRESS 605 BIRCH BLVD  
CITY-ST-ZIP ALTAMONTE SPRGS, FL00000

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME 400 LAKE SHORE DR  
1.3 STREET ADDRESS LAKE MARY, FL  
1.4 CITY-ST-ZIP 32746

☒ Change ☐ Addition

2.1 TITLE PST  
2.2 NAME A. Dehlinger  
2.3 STREET ADDRESS 677 Fox Hunt Cir.  
2.4 CITY-ST-ZIP Longwood, FL 32750-3349

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Audrey Dehlinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUDREY DEHLINGER

5/8/96 (407) 320-7325  
Date Daytime Phone #

CR2E034 (12/95)