

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 417159 (1)

1. Corporation Name

MODE REALTY, INC.

Principal Place of Business

1408 N. WESTSHORE BLVD., SUITE #908
TAMPA FL 33607

Mailing Address

1408 N. WESTSHORE BLVD., SUITE #908
TAMPA FL 33607



2. Principal Place of Business

21 7184 Beneva Road

Suite, Apt. #, etc.

22 City & State
23 Sarasota, FL

24 Zip
34238

25 Country

2a. Mailing Address

26 C/O Palmer Ranch

Suite, Apt. #, etc.

27 7184 Beneva Road

City & State

28 Sarasota, FL

29 Zip
34238

30 Country

3. Date Incorporated or Qualified

01/19/1973

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1512201

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STORY, STEPHEN F.

1408 N. WESTSHORE BLVD., SUITE #908
TAMPA FL 33607

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

STEPHEN F. STORY

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 PDAS
NAME STOREY, STEPHEN F
STREET ADDRESS 1408 N WESTSHORE BLV 908
CITY-ST-ZIP TAMPA FL

TITLE VS
NAME CAPPELLO, VALARIE G
STREET ADDRESS 1408 N WESTSHORE BLV 908
CITY-ST-ZIP TAMPA FL

TITLE T
NAME WALKER, NORMA
STREET ADDRESS 1408 N WESTSHORE BLV 908
CITY-ST-ZIP TAMPA FL

TITLE VAS
NAME CASSIDY, EUGENE F
STREET ADDRESS 1408 N WESTSHORE BLVD., SUITE 908
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVAS
1.2 NAME Story, Stephen F.
1.3 STREET ADDRESS 1408 N. Westshore Blvd., #908
1.4 CITY-ST-ZIP Tampa, FL 33607

2.1 TITLE P
2.2 NAME Hager, William
2.3 STREET ADDRESS 7184 Beneva Road
2.4 CITY-ST-ZIP Sarasota, FL 34238

3.1 TITLE VS
3.2 NAME Foster, James
3.3 STREET ADDRESS 7184 Beneva Road
3.4 CITY-ST-ZIP Sarasota, FL 34238

4.1 TITLE TAS
4.2 NAME Paulmann, James
4.3 STREET ADDRESS 7184 Beneva Road
4.4 CITY-ST-ZIP Sarasota, FL 34238

5.1 TITLE S
5.2 NAME Tramontano, Lillian
5.3 STREET ADDRESS 1408 N. Westshore Blvd., #908
5.4 CITY-ST-ZIP Tampa, FL 33607

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

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)