

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 417159

(1)

1. Corporation Name

MODE REALTY, INC.



Principal Place of Business

Mailing Address

7184 BENEVA ROAD
SARASOTA FL 34238

C/O PALMER RANCH
7184 BENEVA ROAD
SARASOTA FL 34238-2804

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

01/19/1973

3a. Date of Last Report

05/01/1996

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

WILLIAM B. HAGER

82 Street Address (P.O. Box Number is Not Acceptable)

7184 BENEVA ROAD

83

84 City

SARASOTA

FL

85 Zip Code
34238

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



WILLIAM B. HAGER

4/17/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVAS	<input checked="" type="checkbox"/> DELETE
NAME	STOREY, STEPHEN F	
STREET ADDRESS	1408 N WESTSHORE BLVD., #908	
CITY-ST-ZIP	TAMPA FL 33607	

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HUGH F. CULVERHOUSE, JR.	
1.3 STREET ADDRESS	SUITE 3599, ONE BISCAYNE TOWER	
1.4 CITY-ST-ZIP	MIAMI, FL 33131	

TITLE	P	<input type="checkbox"/> DELETE
NAME	HAGER, WILLIAM	
STREET ADDRESS	7184 BENEVA ROAD	
CITY-ST-ZIP	SARASOTA FL 34238	

2.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM B. HAGER	
2.3 STREET ADDRESS	7184 BENEVA ROAD	
2.4 CITY-ST-ZIP	SARASOTA, FL 34238	

TITLE	VS	<input type="checkbox"/> DELETE
NAME	FOSTER, JAMES	
STREET ADDRESS	7184 BENEVA ROAD	
CITY-ST-ZIP	SARASOTA FL 34238	

3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMES FOSTER	
3.3 STREET ADDRESS	7184 BENEVA ROAD	
3.4 CITY-ST-ZIP	SARASOTA, FL 34238	

TITLE	TAS	<input type="checkbox"/> DELETE
NAME	PAULMANN, JAMES	
STREET ADDRESS	7184 BENEVA ROAD	
CITY-ST-ZIP	SARASOTA FL 34238	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANDREW N. CAPPELLO	
4.3 STREET ADDRESS	1408 N. WESTSHORE BLVD. SUITE 908	
4.4 CITY-ST-ZIP	TAMPA, FL 33623	

TITLE	S	<input type="checkbox"/> DELETE
NAME	TRAMONTANO, LILLIAN	
STREET ADDRESS	1408 N. WESTSHORE BLVD., #908	
CITY-ST-ZIP	TAMPA FL 33607	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TOM PURCELL	
5.3 STREET ADDRESS	4240 LAKESIDE DRIVE	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:



WILLIAM B. HAGER

4/17/97 941921-7953

CR2E034 (9/96)