## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 22, 2004 8:00 am Secretary of State **DOCUMENT # 417159** 1. Entity Name 03-22-2004 90039 029 \*\*\*150.00 MODE REALTY, INC. Principal Place of Business Mailing Address 8588 POTTER PARK DRIVE SUITE 500 SARASOTA FL 34238 8588 POTTER PARK DRIVE 54020972 SUITE 500 SARASOTA FL 34238 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1512201 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent F. COOK, ESQUIRE BRYN, MARK J Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER STE 2680 2 SOUTH BISCAYNE BOULEVARD **MIAMI FL 33131** 2033 WOOD STREET, SUITE 220 SARASOTA Zip Code 34237 8. The above named entity submits this statement for the purpose of manging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <u>JOHN F. COOK, ESQUIRE</u> 3-10-04 Signature, typed or pripi ed agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change Change ☐ Addition NAME CULVERHOUSÉ JR, HUGH F NAME CULVERHOUSE, HUGH F. 2601 S. BAYSHORE DR., STE. PHI-C STREET ADDRESS ONE BISCAYNE TOWER, #3599 STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP MIAMI, FLORIDA 33133 TITLE X Delete TITLE X Addition Change ROYALL, MARK NAME FERNANDEZ, JOSE 8588 POTTER PARK DRIVE SUITE 500 STREET ADDRESS 8588 POTTER PARK DRIVE, SUITE 500 STREET ADDRESS CITY-ST-7IP SARASOTA FL 34238 SARASOTA, FL 34238 CITY-S1-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chaque ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MARK ROYALL

VICE

FILED

941-922-0759

Daytime Phone #