## 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 # 495825

(2)

**FILED** Apr 28 1997 8:00am Secretary of State



FOUR S	SEASONS REALTY, INC.				#
Principal Place of Business		Mailing Address		I CORNIN BURNE COURT BURNE (COURT INCOME PARTY)	E1011 01011 01011 01011 01411 01011 1401
501 MARY ESTHER CUT-OFF STE 8 FT. WALTON BOH FL 32548		501 MARY ESTHER CUT FT. WALTON BOH FL 33	T-OFF STE 8 2548-4065		
				3. Date incorporated or Qualified 02/01/1976	3a. Date of Last Report 04/11/1996
	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt #, etc.		59-1646838	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30		Yes No
	9. Name and Address of Current F	egistered Agent	91 None	10. Name and Address of New Re	gistered Agent
SCHOR, INDIA L.					
501 MARY ESTHER CUT-OFF, STE 8 FT. WALTON BEACH FL 32548			82 Street A	ddress (P.O. Box Number is Not Acceptab	ie)
F1.	WALTON DEACH FL 32340		83		
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections C07.0502 and C07.1508, 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lampliar with our accept the appointment as registered agent. I am lampliar with our accept the appointment as registered agent. I am lampliar with our accept the appointment as registered agent. I am lampliar with our acceptance of the corporation of the corporation of the purpose of changing its registered agent. I am lampliar with our acceptance of the corporation of the purpose of changing its registered agent. I am lampliar with our acceptance of the purpose of changing its registered agent. I am lampliar with our acceptance of the purpose of changing its registered agent. I am lampliar with our acceptance of the purpose of changing its registered agent. I am lampliar with our acceptance of the purpose of changing its registered agent. I am lampliar with our acceptance of the purpose of changing its registered agent. I am lampliar with our acceptance of the purpose of changing its registered agent. I am lampliar with our acceptance of the purpose of the pur					
SIGNATURE PANYA XXIMAR					
Signature: typed or printed name (Victorial dispersed Little diapplicable) (NOTE: freq is orded Agent signature required when reinstating) DATE					
12.	OF MOLRS AND D	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	SCHOR, INDIA L	LT OUT IL	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	501 MARY ESTHER CUT-OFF SU	ITF 8	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL 32548		1.4 CITY - \$1 - 7IP		
TITLE	ST	DELETE	21 MLE		Change Addition
NAME	SCHOR, INDIA L		2.2 NAME		_ • -
STREET ADDRESS	501 MARY ESTHER CUT-OFF SU	ITE 8	2 3 STREET ADDRESS		i
CITY-ST-ZIP	FT WALTON BCH FL 32548		2. 4 CITY - ST - ZIP		
TITLE	V	☐ DELFTE	3 1 TITLE		Change Addition
NAME	MANNIX, WILLIAM J P	FC 4	3.2 NAME		
STREET ADDRESS	501 MARY ESTHER CUTOFF SUI	IE 8	3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FT WALTON BCH FL 32548	DELETE	3.4 CITY-ST-ZIP		
NAME	BAINBRIDGE, WALTER C		4.1 TITLE		Change Addition
STREET ADDRESS	501 MARY ESTHER CUTOFF SUI	TF 8	4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL 32548		4.4 CITY-ST-7IP		
TITLE	V	DELETE	5.1 titls		Change Addition
NAME	AULL, DENISE	<i>,</i> , , , , , , , , , , , , , , , , , ,	5.P NAME	DELETE NO	Longer
STREET ADDRESS	501 MARY ESTHER CUTOFF SUI	TE 8	53 STREET ADDRESS		4
CITY-ST-ZIP	FT WALTON BCH FL 32548		5.4 CITY - ST - ZIP	with us	
TITLE		☐ DELETE	6.1 TITLE	/%	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		İ
CITY-ST-ZIP	ou cartify that the information countries	th this filler does not	6.4 CHY+S1-ZIP	lod in Cooling (10.07/0V). Florida Control	
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 supplicmental 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 reserver 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 atlactment with an address.					