

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 # 505706 (2)

1. Corporation Name

LONDON REAL ESTATE COMPANY



Principal Place of Business

50 WEST MASHTA DRIVE, SUITE 5
KEY BISCAIYNE FL 33149

Mailing Address

50 WEST MASHTA DRIVE, SUITE 5
KEY BISCAIYNE FL 33149

3. Date Incorporated or Qualified

06/23/1976

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip Country

29

30

4. FEI Number

59-1679172

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

LANCASTER, KENNETH M
50 W. MASHTA DRIVE, SUITE Y
KEY BISCAIYNE FL 33149

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 607.0500 and 607.1504, 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

(If the Registered Agent Separates from the Corporation, Sign Here)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
P LONDON, I E
50 WEST MASHTA DRIVE, STE. 5
KEY BISCAIYNE FL

1.2 STREET ADDRESS ☐ DELETE

1.3 CITY, STATE, ZIP ☐ DELETE

1.4 NAME ☐ DELETE

1.5 STREET ADDRESS ☐ DELETE

1.6 CITY, STATE, ZIP ☐ DELETE

1.7 NAME ☐ DELETE

1.8 STREET ADDRESS ☐ DELETE

1.9 CITY, STATE, ZIP ☐ DELETE

1.10 NAME ☐ DELETE

1.11 STREET ADDRESS ☐ DELETE

1.12 CITY, STATE, ZIP ☐ DELETE

1.13 NAME ☐ DELETE

1.14 STREET ADDRESS ☐ DELETE

1.15 CITY, STATE, ZIP ☐ DELETE

1.16 NAME ☐ DELETE

1.17 STREET ADDRESS ☐ DELETE

1.18 CITY, STATE, ZIP ☐ DELETE

1.19 NAME ☐ DELETE

1.20 STREET ADDRESS ☐ DELETE

1.21 CITY, STATE, ZIP ☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, STATE, ZIP

2.5 TITLE

2.6 NAME

2.7 STREET ADDRESS

2.8 CITY, STATE, ZIP

2.9 TITLE

2.10 NAME

2.11 STREET ADDRESS

2.12 CITY, STATE, ZIP

2.13 TITLE

2.14 NAME

2.15 STREET ADDRESS

2.16 CITY, STATE, ZIP

2.17 TITLE

2.18 NAME

2.19 STREET ADDRESS

2.20 CITY, STATE, ZIP

2.21 TITLE

2.22 NAME

2.23 STREET ADDRESS

2.24 CITY, STATE, ZIP

14. I 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 of the report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

(305)361-9720

CR2E034 (12/95)