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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

**FILED** Feb 17 1998 8:00am Secretary of State

100%	REAL ESTATE, INC.								
Principal Plac	e of Business	Mailing Address	Mading Address				dir Ofbir Proll	ELDIN OLDUK OK	JII TIMI MII
1810 LEE ROAD ORLANDO FL 32810		1810 LEE ROAD ORLANDO FL 32810			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified			
<u> </u>		Ţ				07/12/1977			
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number			oplied For	
Suite, Apt. #, etc.		Custo And # oto	Suite, Apt. #, etc			59-1756422			ot Applicable
22		27			5. Certificate of Status Desired			Additional equired	
City & Stato		City & State			6. Election Campaign Financing			May Be	
23		28			Trust Fund Contribution		Added		
Zip	— ´	<u>-</u>		ntry		8. This corporation owes or has pa			
24	25 9. Name and Address of Curren	29 29 Agent				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent			
81	NCLAIR, ROBERT C			81 1	Vame	10. Haile and Addiess of Helf file	Ristoled V	Reile	
	110 LEE ROAD		ļ.	<u> </u>	20	70.0	<del></del>		
	RLANDO FL 32810		82 Street A		Street Addres	ss (P.O. Box Number is Not Acceptab	ile)		
			Į.	83					
				84 (	City			85 Zip (	Code
11 Purcuant	to the provisions of Sactory 607 050	2 and 607 1509. Elected States	lon the sh		-	h the state of	<u>FL</u>		
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 registere 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.									s registered registered
agentia	m ramiliar with, and accept the obliga	itions of, Section 607,0505, FF	orida Statu	ites.					
SIGNATURE	Signature: Type-1 or printed name of repotent Luge	ed and fits diapplicable (NO)	E Registered	Agent s	ignature required	when reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12
TIFLE	. = -		1.1 1810	LE.			Ţ	Change	☐ Addition
NAME	SINCLAIR, ROBERT C		1.2 NAME						
STREET ADDRESS	603 DRIVER AVE.	1.3 STAE							
CITY - ST - ZIP	WINTER PARK FL TV	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		DP .			7.05	A delata
NAME	ONIOLUD DODERT O			2.1 IIILE 2.2 NAME			L	Change	Addition
STREET ADDRESS	603 DRIVER AVE.		2.3 STREET ADDRESS		nress				
CITY-ST-ZIP	WINTER PARK FL		2. 4 CITY - ST - ZIP						
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CITY-ST-ZIP			1	EET ADD	- 1				
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NAME			5.2 NAME				_	0	
STREET ADDRESS			5 3 STR		ORESS				
CITY-ST-ZIP			5.4 CITY						
TITLE		☐ DELETE	6 1 TITE				L	Change	☐ Addition
NAME			6.2 NAN	AE					
STREET ADDRESS			6.3 STR	EET ADO	PRESS				
CITY-S1-ZIP	outiful that Bloombar	0.00.00	64 CITY	/ - ST - ZI	IP				
14. I nereby c	erury mat the information supplied wi	th this thing does not qualify fo	or the exer	nptior	nstated in Se	ection 119.07(3)(i), Florida Statutes. I i	urther certi	fy 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 appears in

SIGNATURE:

407/299-010