FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

627367

(6)

1. Corporation	MENT # 627367 Name RY 21 ALL POINTS REALTY	` '		(IRBIIN BINK IIRII HROOG KIKH BE	s sánn árán árán é skék hindi álán hindi láði
Principal Place	of Business	Mailing Address			
1000 SOUTH FEDERAL HIGHWAY 1000 SOUTH FEDERAL HIG STUART FL 34994 STUART FL 34994			HGHWAY		
				3. Date Incorporated or Qualified 07/12/1979	3a. Date of Last Report 10/17/1995
2. Principal Pla	ce cf Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1921141	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
22		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30		s 🗆 No
	Name and Address of Curren	t Registered Agent		10. Name and Address of New	
PRAGLUSKI, RICHARD S. 81 Name PRAGLUSKI, RICHARD S. 82 Street Address (P.O. Box Number is Not Acceptable)					
	SKI, RICHARD S.		82 Street	Address (P.O. Box Number is Not Accepta	ble)
3584 D SW QUAIL MADOW TRAIL			100	o S FEDERAL HW	4
PALM CI	TY FL 34990		83		
			84 City	# A . A	FL 85 Zip Code
44 Durayant to	o the provinces of Sections 607 0502	and 607 1508. Florida Statutes	the above-named co	reporation submits this statement for the pu	urpose of changing its registered office
or registere	ed agent, or ooth, in the State of Florid	da. Such change was authorized	d by the corporation's	rporation submits this statement for the puboard of directors. I hereby accept the app	pointment as registered agent. I am
	h, and accept the obligations of secti	lori 507.0505, Florida Statutes.			
SIGNATURE _	Shurial 2: typed or printed name of registered agent	and title if applicable [NOTi	E. Registered Agenta ignature in	ecured then reinstating)	DATE
12.	OFFICERS ANI		13.		FICERS AND DIRECTORS IN 12
TITLE	SDV	☐ DELETE	1. 1 TITLE	500	Change Addition
NAME	Pragluski, maria e		1.2 NAME	PRAGLUSEI, MAR	14 E
STREET ADDRESS	3584 D SW QUAIL MEADOW		1.3 STREET ADDRESS	1000 S. FEBERAL	
C(TY - \$1 - ZIP	PALM CITY, FL 00000		1.4 CITY - ST - ZIP	STYART FL 34	
TITLE	PTD	☐ DELÉTE	2. 1 TITLE	י עדא	M. change Noutron
NAME	PRAGLUSKI, RICHARD S	•	22 NAME	PRAGLUSKI, RICH	tred >
STREET ADDRESS	3584 D SW QUAIL MEADOW	'	23 STREET ADDRESS	1000 S. FFOERAL	604.
CITY-ST-ZIP	PALM CITY, FL 00000	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	STWART, FL 34	Change Addition
7 ITLE			3.2 NAME		
NAME CARSEL ADODESS			3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	4. 1 TiTLE		Change Addition
NAME		L	4.2 NAME		
STHEET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
Tillf		DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS	+		6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I do 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 eath, that I am an officer or director of the corporation of 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 or an attachment with an address. RICHARD S. PRAGLUSKI

SIGNATURE:

4/5/96

407-288-0090