| FILE | NOW: FIL | ING FEE A | FTER MAY | / 1 IS \$2 | 25.00 | - | | | | |
|--|---|--|---|---|--------------------------------|--------------|--|--|---------------------------------|--------------|
| CORPORATION ANNUAL REPORT 1996 | | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | | | | |
| DOCUMENT # 64425 | | | 2 (9) | | | | ·! | | | |
| BUSY BEE REALTY INC., OF CITRUS COUNTY | | | | | | | i in blis brit sign bind tran a | ***************************** | ***** 41511 &18 11 | - Arest sees |
| Principal Place of Business Mailing Address | | | | | | | | | | |
| 5 BEVERLY BLVD. 5 BEVER | | | | /erly blvd. Rly Hills fl 344 65 | | | | | | |
| • Delegion Dia | -450 | | | | | | 3. Date Incorporated or Qualified 11/06/1979 | 3a. Date of 06 / | Last Report 16/1995 | |
| Principal Place of Business | | | 26 | a. Mailing Address | | | 4. FEI Number 59-2086702 | 4. FEI Number Applied For 59-2086702 Not Applicable | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. 27 | | | | 5. Certificate of Status Desired | | 8.75 Addi Fee Requir | tional |
| City & State | | | City & State 28 | | | | Election Campaign Financing Trust Fund Contribution | D | \$5.00 May | y Be |
| Zip 24 | 25 | intry | Zip 29 | 30 Cou | ntry | | 8. This corporation has liability for Florida Statutes X Yes | intangible tax ui | | |
| | 9. Name and Ad | dress of Current F | legistered Agent | | 81 Name | e | 10. Name and Address of New F | legistered Age | nt | |
| BEVER 34465 | ERLY HILLS BLVD | octions 607 D502 as | nd 607.1508, Florida | Statutes, the abo | 83 84 City | | ss (P.O. Box Number is Not Acceptable) | FL | 5 Zip Code | |
| familiar with | ed agent, or both, in h, and accept the ob | the State of Florida. digations of, Section | Such change was a 607.0505, Florida S | uthorized by the ditatutes. | corporation' | 's board | non submits this statement for the pur of directors. I hereby accept the appr | pintment as reg | ig its register stered agent | . fam |
| SIGNATURE Signature, typed or printed name of registered agent and title it applicates (NOTE | | | | | Agent signature | e required v | when reinstating) | DATE | | |
| 12. TITLE | PST | OFFICERS AND D | | 13. | | -т | ADDITIONS/CHANGES TO OFF | · · · · · · · · · · · · · · · · · · · | | |
| NAME | SAVILL, IDA | | DELE | | | | | | hange 🔲 / | Addition |
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| STREET ADDRESS | | | | 4.2 M | ime Reet address | | | | | |
| CITY-ST-ZIP | | | | | ner i adomess IY-ST-ZIP | ` | | | | |
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| STREET ADDRESS | | | | | REF1 ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | | T DELE | | IY-ST-ZIP | 4 | | | nanga 🗖 A | (aldisia |

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), Fiorida 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 cath; 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 an address.

62 NAME

63 STREET ADDRESS 64 CITY-ST-7/P

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED WATER OF BIGNING OFFICER OR DIRECTOR

13/96 352->46-8700