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

DOCUN 1. Corporation	MENT # 66493	33 (9)			
SCR R	EALTY, INC.			(488 LIB BIOLE \$(6) (8) 80 (18) 45 LUGS	. bibl Grādi Giāls Drāti Grāti Grāti Grādi Grādi
Principal Place	of Business	Mailing Address			ANT BIDIN BIDIN BIDIN BEDIN DIBIN NIBIN 1901
4545 PLEASANT HILL RD			RD		
US	£ 04700	US		3. Date Incorporated or Qualified	3a. Date of Last Report
.				02/29/1980 4. FEI Number	05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address 26		59-2149064	Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc			SR 75 Additional
22		27		5. Certificate of Status Desired X	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for it	· ·
24	25	29	30	Florida Statutes Yes	
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New R	gistered Agent
FIGURE	R, MARGARET H				,
	EASANT HILL ROAD, STE - 11	14	82 Street A	ddress (P.O. Box Number is Not Acceptabl	∌)
	MEE FL 34759	•	83		
			84 City		85 Zip Code
11. Pursuant to or registere familiar with	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo h, and accept the obligations of, Se	02 and 607,1508, Florida Statute irida, Such change was authorize ction 607,0505, Florida Statutes	es, the above named corp ed by the corporation's b	poration submits this statement for the purposerd of directors. Thereby accept the appo	lose of changing its registered office introduction introductions as registered agent. I am
SIGNATURE .					
12.	Signature, typed or printed name of registeren age OFFICE DQ: Al	on and the it applicable (NO ND DIRECTORS	 Registered Agent signature resp 13. 	uned wher recistatings ADDITIONS/CHANGES TO OFFI	OFRS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TITLE	ADDITIONS/GLANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
NAME	FISCHER, LOUIS E		1.2 NAME		
STREET ADDRESS 4545 PLEASANT HILL ROAD		D	1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		1.4 C(FY - ST - ZIP		
TITLE	\$T	DELFTE	2 1 TITLE	T	XX Change 🔲 Addition
NAME	FISCHER, MARGARET H	_	2.2 NAME		į
STREET ADDRESS	4545 PLEASANT HILL ROA	D	2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	DELETE	2 4 CITY - ST - ZIF		Change T Addison
TITLE NAME	HOWAT, THOMAS D	L. Vitteri	3 1 TITLE 3 2 NAME		Change Addition
STREET ADDRESS	4545 PLEASANT HILL ROA	D STF - 114	3.3 STREET ADORESS		
CITY-ST-ZIP	KISSIMMEE FL	D 0/L 114	3 4 CHY-ST-ZIP		
TITLE		DELETE	4 1 TITLE	S	Change XX Addition
NAME			4.2 NAME	VICKEY S. WATSON	
STREET ADDRESS			4.3 STREET ADDRESS	4545 PLEASANT HILL RO	AD, SUITE 114
CITY - ST - ZIP			4.4.C+TY - ST - Z+P	KISSIMMEE, FL 34759	_
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			. 5 3 STREET ADDRESS		
CITY - ST - ZIP		FO DELETE	5 4 CITY - S1 - 7IP	and the second of the second o	
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP 14. I do hereby	v certify that the information supplied	d with this filing is voluntarily forn	■ 64 CliviStiziP shed and does not quali	y for the exemption stated in Section 119.	07(3)(k) Florida Statutes I further
certify that	the information indicated on this an	inual report or supplemental agor	ual report is true and acc	urate and that my signature shall have the	same lenal effect as if made under

certify that the information indicated on this annual report or supplemental annual reports true and accurate and that my signature shall have the same legal effect as it 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 chapter 607, or only a packaged, or only a packaged, or only a packaged or only a packaged

SIGNATURE: MARGARET H. FISCHER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARGARET H. FISCHER 4/15/96

407/847-9700 Daylore Phone #