

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F04743** (3)

1. Corporation Name
WEEKI WACHEE REAL ESTATE, INC.



Principal Place of Business	Mailing Address
7068 COMMERCIAL WAY SUITE E WEEKI WACHEE FL 34613 US	7068 COMMERCIAL WAY SUITE E WEEKI WACHEE FL 34613 US

3. Date Incorporated or Qualified 11/07/1980	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 8381 Cortez Blvd.	26 8381 Cortez Blvd.	59-2077623	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27 Weeki Wachee, Fl.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23 Weeki Wachee, Fl. 34607	28 8381 Cortez Blvd.		
Zip	Country		
24	25 Hernando		
	29 34607		
	30 Hernando		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOICE, LEONA 6328 THEODAN STREET WEEKI WACHEE FL 34607	81 Name Same
	82 Street Address (P.O. Box Number is Not Acceptable) 12042 Fir. Ct.
	83
	84 City Brooksville, FL 85 Zip Code 34613

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 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BDO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DACOSTA, ANTOINO	1.2 NAME	Same
STREET ADDRESS	7068 COMMERCIAL WAY, SUITE E	1.3 STREET ADDRESS	8381 Cortez Blvd.
CITY-ST-ZIP	WEEKI WACHEE FL	1.4 CITY-ST-ZIP	Weeki Wachee, Fl. 34607
TITLE	DO <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILSON, WILLIAM	2.2 NAME	Same
STREET ADDRESS	7068 COMMERCIAL WAY, SUITE E	2.3 STREET ADDRESS	8381 Cortez Blvd.
CITY-ST-ZIP	WEEKI WACHEE FL	2.4 CITY-ST-ZIP	Weeki Wachee, Fl. 34607
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 an address.

SIGNATURE: Leona Boice H-2596 352-596-9393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E034 (12/95)