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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

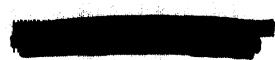
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F14867

WABASSO REALTY, INC., EAU CALLIE NEALTY, INC

**FILED** Apr 10 1997 8:00am Secretary of State



Principal Place	e of Business	- Mailing Address			*	<b>1</b>				
Principal Place of Business  6850 TELLOMERE TO 26 25 N HARBAR CITY Baying Address  8850 TELLOMERE TO 26 25 N HARBAR CITY Baying Address  8850 TELLOMERE TO 6870 TELLOMERE TO 6										
SEDACTIAN PE US	<del>- 10000</del>	US			3.	3. Date Incorporated or Qualified 3a, Date of Last R. 01/14/1961 05/01/1996			Report	
2. Principal P	lace of Business	2a. Malling Address		:	4.	FEI Number		A	ppli <b>e</b> d For	
21		26				59-2142536			ot Applicable	
Suite, Apt		Suite, Apt. #, etc.	_,		5.	Certificate of Status Desired		Fee R	Additional equired	
City & State	е	City & State			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Country 30	<del>,  </del>	8.	This corporation has liability for Florida Statutes	intangible		199.032,	
<u> </u>	9. Name and Address of Current		1001		10	. Name and Address of New Re				
HIIN	INICUTT, JUANITA		81	Name						
701	BARBER ST		82	Street A	ddress (I	P.O. Box Number is Not Acceptate	ole)	<del></del>	:	
SEB	ASTIAN FL 32958		63		<del></del>			<del></del>		
•			84	City	<del></del>		FL	<b>85</b> Zip	Code	
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the state of registered agents of the state of th	and hill if applicable. (NO	TE: Registered Ap		equired whe	·	4-1- DATE	97		
<b>12.</b>	OFFICERS AND	DELETE	13.	T		ADDITIONS/CHANGES TO OFFIC	JENS AND	Change	Addition	
NAME	PD HUNNICUTT, JUANITA	C pereve	1.2 NAME	.		•		C Citaligo	- Frankis	
STREET ADDRESS	701 BARBER ST		,	ADDRESS						
City-St-ZiP	SEBASTIAN, FLORIDA 00000		1.4 CITY - S							
TITLE	D	DELETE	2.1 YITLE					Change	Addition	
NAME	HUNNICUTT, JUANITA		2.2 NAME							
STREET ADDRESS	701 BARBER ST		2.3 STREET	TADDRESS			* * * * * * * * * * * * * * * * * * * *			
City-St-ZiP	SEBASTIAN, FLORIDA 00000		2. 4 CITÝ-	ST-ZIP				·		
TITLE	VST	☐ DELETE	3.1 TITLE			4 - 4		Change Change	Addition	
NAME	HUNNICUTT, JUANITA		3.2 NAME							
STREET ADDRESS	1010111111		3.3 STREET							
CITY - ST - ZIP TITLE			3.4. CITY- 4.1 TITLE	51-217				Châvne	Addition	
NAME		harman de procession	4.2 NAME	, ;	1.1			_ 12%	Z'IN	
STREET ADDRESS			1	ADDRESS				X	JUOV	
CITY-ST-ZIP			4.4 DITY-5		•			V	N.	
TITLE		DELETE	5.1 TITLE	<del></del>	······································	·		Change	Addition	
NAME			5.2 NAME	:		**************************************		•		
STREET ADDRESS			5.3 STREET	ADDRESS			5.			
CHY-ST-7IP			5.4 CITY -	ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE			40000214	Lm 1	Change	Addition	
NAME			6.2 NAME			-04/11/97010	30u,	13 	*	
STREE1 ADDRESS			6.3 STREE	ADDRESS		40000214 -04/11/97010 ***165.00	ال يار	<b>.</b>		
CITY - \$1 - ZIP			6.4 CITY - :	ST-ZIP		***************************************				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: