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 # F17857

(6)

TEWKSBURY REAL ESTATE CORP.

Principal Place of Business

Mailing Address

6680 SE HARBOR CIRCLE

6680 SE HARBOR CIRCLE

| FILED | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|
| Apr 07 1997 8:00am | | | | | | | | |
| Secretary of State | | | | | | | | |

| STUART FL 34 | 1990 | 51UAKI PL 34890 | -1801 | | | J | | | |
|-----------------------|---|---|-----------------------------------|-------------------|-------------------|--|---------------|---------------------------|---------------|
| | | | | | | 3. Date incorporated or Qualifier 02/09/1981 | | ate of Last R /01/1996 | eport |
| 2. Principal P | lace of Business | 2a. Mailing Addre | SS AAAQIA | IJΔ | HAY | 4. FEI Number | | | oplied For |
| 21 0077 Suite Apt. | S. MARWA WAY | 26 6699 S. Suite, Apt. #, | MAKIN | 7/7 | w _/ | 59-2079025 | | | ot Applicable |
| 22 | H, EIU. | 27 | eic. | | | 5. Certificate of Status Desired | M | \$8.75 / Fee Re | |
| City & Stat | | City & State | | | | 6. Election Campaign Financing | | | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | Added t | |
| Zip | Country | Zip | C | ountr | y | B. This corporation has liability f | or intangible | tax under s | 199.032, |
| 24 | 25 | 29 | 30 | | | Florida Statutes | | □ No | |
| | 9. Name and Address of Curren | | | ٠., | 1-: | 10, Name and Address of New | Registered | Agent | |
| | KMAN, NEUWAHL & ROSENBEF | iG | | 81 | Name | | | | |
| | O SAN REMO AVENUE #125 | | | 82 | Street A | Address (P.O. Box Number is Not Accep | able) | | |
| CO | RAL GABLES FL 33146 | | | 83 | ļ | | | | |
| | | | | 03 | ' | | | | |
| | | | | 84 | City | | FI | 85 Zip (| Code |
| 11. Purement | to the provisions of Sections 607.050 | 2 and 607 1508. Florid | a Statutes, the | ahov | e-named (| corporation submits this statement for th | | • | ts registered |
| | registe fed agent, or both, in the State am familiar with, and accept the obliga | of Florida Such chang ations of, Section 607.0 | ge was authori 5505, Florida S | zed b tatute | y the corp is. | corporation submits this statement for the oration's board of directors. I hereby ac- | pept the app | oointment as | registered |
| SIGNATURE | Segrecas typed or proted name of registered again | of and bite if applicable | (NOTE: Regist | ered Ag | ent signature i | required when reinstaling) | DATE | | |
| 12. | OFFICERS AND | DIRECTORS | 1: | 3. | | ADDITIONS/CHANGES TO OF | FICERS AN | | RS IN 12 |
| THE | PD | DE1 | LETE 1.1 | TITLE | | | | Change | Addition |
| NAML | TEWKSBURY, BAIRD | | 1.3 | 2 NAME | | | | ب | |
| STR:13 ADDIOLSS | 6680 SE HARBOR CIRLCE | | 1.5 | STREE | FADDRESS | 6699 SOUTH MARIN | A WA | I | |
| CITY-51-20° | STUART FL | | | 4 CITY - | ST-ZIP | | | | |
| T-IUF | STD | [] DE | | TITLE | } | | | Change | Addition |
| NAMI | TEWKSBURY, GERALDINE | | | 2 NAME | ŀ | | | 14. | |
| STREET ADDRESS | 6680 SE HARBOR CIRCLE | | | | - 1 | 6699 SOUTH MAKIN | VA WA | T | |
| City St.79 | STUART FL | DEI | | | ST-ZIP | | | Change | ☐ Addition |
| Mile | | U(i | | 1 TITLE 2 NAME | | | | LI Uttarige | M Vacation |
| V/A: | | | 1 | | T ADDRESS | | | | |
| STREET ADDRESS: | | | I ' | | | | | | |
| CHY-S* ZIP | | □ DE | | 1 TITLE | ST-ZIP | | | Change | Addition |
| NAME | | | 1 | 2 NAME | : | | | | |
| STREET ADDRESS | | | | | T ADDRESS | | | | |
| CITY ST 24 | | | 2 | 4 CITY - | 1 | | | | |
| 101 | | ☐ DE | | TITLE | | | | ☐ Change | Addition |
| NAME | | | | 2 NAME | | | | - | |
| STHEET ADDRESS | | | 5 | 3 STREE | T ADDRESS | | | | |
| OTY - 51 - 261 |] | | 5. | 4 CITY- | ST-ZIP | | | | |
| TITLE | | ☐ DE | | 1 TITLE | | | | ☐ Change | Addition |
| AAV: | | | 6. | 2 NAME | | | | | |
| STREET ADDRESS | 1 | | 6. | 3 STREE | T ADDRESS | | | | |
| C.TY ST-70P | | | 6. | 4 CITY- | ST-ZIP | | | | |
| | the smaller that the information consiler | d with this filing does r | | | | tated in Section 119 07/3Vi). Florida Stat | ites I furthe | er certify that | the |

real nevery denting menuity supplied with this ining does not quality for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliernental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I arm 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.

SIGNING OFFICER OR DIRECTOR

SIGNATURE: