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 # F73362

(8)

1. Corporation	REAL ESTATE, INC.	(1	-,						
Principal Plac	e of Business	Mailing Addre	SS				1183 BADD 1	ATRIA BIDAN BIDAN T	
5838 DAILEY LANE NEW PORT RICHEY FL 34652 5838 DAILEY LANE NEW PORT RICHEY FL 34652-3823							r		
						3. Date Incorporated or Qualified 03/24/1982	d 3a. Date of Last Report 04/23/1996		
2. Principal P	lace of Business	2a. Mailing Ac	2a. Mailing Address			4. FEI Number			plied For
21	# -1-	26 Cuito Ant	Suite, Apt. #, etc.			59-2924363		·····	t Applicable
Suite, Apt.	#, etc.	'	27			5. Certificate of Status Desired		\$8.75 A Fee Re	
City & Stat	e		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	h		у	8. This corporation has liability for	intengible tax under s. 199.032, XI Yes □ No		
24	p. Name and Address of	29 of Current Registered Agen				Florida Statutes 2 10. Name and Address of New Re			
	CK, LARRY	A COLLEGE LABORATORE AND IN		81	Name	10. Hame and Address of How No	Bieroi ed	- Agont	
	B DAILEY LN 1			82	Street Add	ress (P.O. Box Number is Not Acceptate		······································	
	V PORT RICHEY, FL				Sirect Abo	ress (r.o. box Number is Not Acceptat			
346				83					
				84	City		FL	85 Zip (Code
11. Pyrsuani	to the provisions of Sections	607 0502 and 607.1508, Fl	orida Statute:	s, the abov	e-named cor	poration submits this statement for the p	ourgose o	of changing it	s registered
office or r agent. La	registered agent, or both, in t im familiar with, and accept t	the State of Florida. Such cr the obligations of, Section 6	onge was au 07.0505, Flor	ida Statute	y the corpora is.	ition's board of directors. I hereby accep	or me app	pomunent as	registered
SIGNATURE	w v ,					<u> </u>	 -		***************************************
12.	Stip ature typed or printed name of re- CLEFIC	gistered agent and title if applicable CERS AND DIRECTORS	(NOTE:	Registered Ag	jent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AN	D DIRECTOR	S IN 12
TITLE	D		DELETE	1.1 TITLE		7001110110/010111010110101111	72110 7114	Change	Addition
NAME	MOCK, LARRY M			1.2 NAME				-	
STREET ADDRESS	5838 DAILEY LN			1.3 STREE	T ADDRESS				
City - ST - ZIP	NEW PORT RICHEY, FI	L00000		1.4 City-	\$T-ZIP				
TITLE	PST		DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	MOCK, LARRY M			2.2 NAME					
STREET ADDRESS	5838 DAILEY LN			2.3 STREE	T ADDRESS				
C(TY - ST - 7IP	NEW PORT RICHEY, F		DEL ETE	2. 4 CITY				05	A statistical
TITLE	V DODOTUVA	LJ	DELETE	3.1 TITLE				∐ Change	Addition
NAME	MOCK, DOROTHY A.			3.2 NAME					
STREET ADDRESS	5838 DAILEY LANE NEW PORT RICHEY FL				T ADDRESS				
CITY - ST - 7/P TITLE	MEN FUNI NUMEI FL		DELETÉ	3.4. CITY 4.1 TITLE				Change	Addition
NAME				4. 2 NAM	1				
STREET ADDRESS					T ADDRESS				
Crty-St-7IP				4.4 CITY-	·				
TITLE		<u> </u>	DELETE	5 1 TITLE				Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREI	T ADDRESS				
CiTY+S1+7IP		·····		5.4 CITY-	ST-ZIP				
TITLE		ll	DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS					T ADDRESS				
CITY OF 710	I			64 CITY	ST. 7IP I				

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 or an attachment with an address.

SIGNATURE:

SIGNA

FILED
Apr 28 1997 8:00am
Secretary of State