SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

FILED Sep 18 1997 8:00am Secretary of State

DOCUMENT # F78635 1. Corporation Name LEWIS AND ASSOCIATES REALTY, I	(2) NC.							
Principal Place of Business	Mailing Address				-{			
3131 - 66 ST. N., #A 3131 - 86 ST. N., #A ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710					DO NOT WRITE	12 214T NI	PACE	
					3. Date Incorporated or Qualified		of Last R	eport
					05/03/1982		1/1996_	*
2. Principal Place of Business 2a. Mailing Address					4. FEI Number			plied For
26						No	ot Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc.					59-2197759 5. Certificate of Status Desired		\$8.75	
2 27					· · · · · · · · · · · · · · · · · · ·		Fee Re	
City & State City & State 23 28						\$5.00 Added t		
Zip Country 25	Zip Countr 29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	istered A	gent	
LEWIS, MARK R. 3131 - 66 ST. N., #A			81	Name				
			62	Street Addre	Address (P.O. Box Number is Not Acceptable)			
ST. PETERSBURG FL 33710		F	83					
\wedge			84	City			85 Zip (Code
11 Pursuant to the provisions of Society's 607/1602	and 607 1508 Florida Statut	as the ab	2110	named corp	oration submits this statement for the n	FL.	shanging it	e topictored
Pursuant to the provisions of Sections 607 01:02 office or registered apopt, or both Je the Staty of agent. I am familiar with, and accept the obtain SIGNATURE					9//	the appo	ntment as	registered
Signature fight or bridged name register agent 12. OFFICERS AND		t: Ragistered	Agen	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	PATE /	DIRECTOR	IS IN 12
TITLE PD			.1 TITLE		7,001110107011111020 70 01110		Change	Addition
NAME LEWIS, MARK R	. MARK R			Ì			_	
	A4A . A4 60 11 W.			ADDRESS				
CITY-ST-ZIP ST PETERSBURG, FL 00000	1.4.0			- 21P				
TITLE	☐ DELETE	2.1 10	LE				Change	Addition
NAME		2.2 NAME						
STREET ADDRESS	·	2.3 STF	2.3 STREET ADDRESS					-
CITY-SI-ZIP	2 4 0			1 - 7IP			T Obsess	4 440044
TITLE	L DELETE	3.1 [1]		1		L	Change	☐ Addition
NAME STREET ADDRESS		3.2 NA		ADDRESS				
CITY-ST-ZIP								
TITLE	DELETE	3.4. CITY- 4.1 TITLE		1 * 211			Change	Addition
NAME		4. 2 NAME				_		_
STREET ADDRESS		4.3 STREET		ADDRESS				
CATY-ST-ZIP		4.4 CITY - S		- ZIP				ļ
TITLE	☐ DELETE	5.1 TITLE					Change	Addition
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET AC		ADDRESS				
CITY-ST-ZIP		5.4 CITY-S		-ZIP				
TITLE	☐ DELETE	6.1 TITLE				Ĺ	Change	Addition
NAME		6.2 NAME			·			}
STREET ADDRESS				ADDRESS				
14. I do hereby certify that the information supplied information indicated on this angular point or set	with this filing does not quali	6.4 CII fy for the 6			in Section 119.07(3)(i). Florida Statutes	s. I further o	certify that	the

1. 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 support is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation of this report 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 o

CIONATUDE.

9/11/97

812-281-1946