

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005758 (7)

1. Corporation Name

TEAM REALTY SERVICES, INC.

Principal Place of Business

Mailing Address

125 BASIN STREET
SUITE 210
DAYTONA BEACH FL 32114
US

125 BASIN STREET
SUITE 210
DAYTONA BEACH FL 32114
US

96 JUL -3 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



000001884370
-07/03/96--01114--031

****225.00 ****225.00

3. Date Incorporated or Qualified 11/07/1994 3a. Date of Last Report 06/13/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3274378		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ DELETE		☐ Change ☐ Addition	
TITLE	PD	11 TITLE	
NAME	MILLER, SANFORD	12 NAME	
STREET ADDRESS	125 BASIN STREET	13 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	
NAME	KENNEDY, JOHN P	22 NAME	
STREET ADDRESS	45 RIVERSIDE DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	WESTPORT CT 06880	24 CITY - ST - ZIP	
TITLE	VD	31 TITLE	
NAME	CONGDON, JEFFREY D	32 NAME	
STREET ADDRESS	7050 W. WASHINGTON STREET	33 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN 46241	34 CITY - ST - ZIP	
TITLE	TD	41 TITLE	
NAME	NORWALK, DONALD J	42 NAME	
STREET ADDRESS	125 BASIN STREET	43 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	
NAME	TIEMANN, L S	52 NAME	
STREET ADDRESS	45 RIVERSIDE DRIVE	53 STREET ADDRESS	
CITY - ST - ZIP	WESTPORT CT 06880	54 CITY - ST - ZIP	
TITLE	S	61 TITLE	
NAME	LILL, ANNE MARIE	62 NAME	
STREET ADDRESS	125 BASIN STREET	63 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ronald J Norwalk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/96

(904) 238-7035

Date

Signature Phone #

CR2E034 (3/96)