

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F99456** (8)

1. Corporation Name

**CORAL REALTY OF LEE, INC.**



Principal Place of Business

**826 SOUTH EAST 46TH LANE  
% ELAINE D. FITZGEORGE  
CAPE CORAL FL 33904**

Mailing Address

**826 SOUTH EAST 46TH LANE  
% ELAINE D. FITZGEORGE  
CAPE CORAL FL 33904**

3. Date Incorporated or Qualified  
**09/14/1982**

3a. Date of Last Report  
**01/18/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FITZGEORGE, ELAINE D.  
826 SOUTH EAST 46TH LANE  
CAPE CORAL FL 33904**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PS

**NAGORKA, JANICE M.**

☐ DELETE

NAME

**419 SW PINE ISL RD #4**

STREET ADDRESS

**CAPE CORAL, FL 00000**

CITY - ST - ZIP

TITLE

V

**FITZGEORGE, THEODORE G II**

☐ DELETE

NAME

**1624 4 BEACH PARKWAY**

STREET ADDRESS

**CAPE CORAL FL 33904**

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**3/13/96**

Daytime Phone #

CR2E034 (12/95)