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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G02497

(7)

HAGLER REAL ESTATE, INC.

Principal Place of Business Mailing Address % MIZELL B. HAGLER * MIZELL B. HAGLER 852 S DIXIE HWY 952 \$ DIXIE HWY LANTANA FL 33462 LANTANA FL 33462-4653 3. Date Incorporated or Qualified 3a. Date of Last Report 10/18/1982 08/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1967763 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Z_{10} Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAGLER, MIZELL B. 952 S. DIXIE HWY. Street Address (P.O. Box Number is Not Acceptable) LANTANA FL 33462 **B3** 84 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stgriature, type-d or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change TITLE PTD 1.1 TITLE HAGLER, MIZELL B. NAME 1.2 NAME 719 LYNNWOOD DRIVE STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH, FL 33461 CHY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TOTAL VSD 2.1 TITLE Change ☐ Addition HAGLER, NANCY C. NAME 2.2 NAME 719 LYNNWOOD DRIVE 2.3 STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33461 CHTY - ST - 7H 2 4 CITY-ST-ZIP DELETE THUE Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP C-TY - ST - Z)P DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST- ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TOLE 51 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CiTY - ST - ZiP DELETE Change Addition THE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 on an attachment with an address.

6.4 CITY-ST-ZIP

SIGNATURE: Mull B. Mar

CHY-ST-7/P

3-31-97 561-586-5585

FILED

Apr 08 1997 8:00am

Secretary of State