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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G02507

(3)

GREAT CITY HOMES AND REALTY, INC.

10

Principal Place of Business

P. O. BOX 290161 TAMPA FL 33687 Mailing Address

P. O. BOX 290161 TAMPA FL 33687-0161 FILED Apr 25 1997 8:00am Secretary of State



| ••  |                    |                                     |          |                     |          |  |                       | i   |  |            |               |
|---|--------------------|-------------------------------------|----------|---------------------|----------|--|-----------------------|---|--|------------|---------------|
|   |                    |                                     |          |                     |          |  |                       | 3. Date Incorporated or Qualified         |  |            | Report        |
| 2. Principal P  |                    |                                     | 2a.      | Mailing Address     |          |  | PLACE                 | 4. FE! Number                             | <b></b>  | A          | pplied For    |
| 21 11503 TULLAMORE #  |                    |                                     | 26       | 11503 TU            | LLA      | MUL  | 6 ST.                 | 59-2259895                                |  | N          | ot Applicable |
| Sulte, Apt. #, etc.   |                    |                                     | 1        | Suite, Apt. #, etc. |          |  |                       | * O                                       | [-]  |            | Additional    |
| 22 TAM/   | of Fr              | . 3,3617                            | 27       | TAMPA,              | R.       | 33   | 147                   | 5. Certificate of Status Desired          |  |            | equired       |
| City & Stat   |                    |                                     | T        | City & State        |          |  | ·                     | 6. Election Campaign Financing            |  | \$5.00     | May Be        |
| 23  |                    |                                     | 28       |                     |          |  |                       | Trust Fund Contribution                   |  |            | to Fees       |
| Zip   |                    | Country                             |          | Ζιρ                 | 1        | Country                                      | /                     | 8. This corporation has liability for i   | nlangible  |            |               |
| 24 25   |                    |                                     |          | 29 30               |          |  | Florida Statutes      |   |  |            |               |
|   | 9, Name            | and Address of Current              | Regis    | tered Agent         |          | 10. Name and Address of New Registered Agent |                       |   |  |            |               |
| VAS   | TI, FRANK          | D .                                 |          |                     |          | 81   | Name                  |   |  | · ·        |               |
| 11503 TULLAMORE PLACE   |                    |                                     |          |                     |          | 82   | Carres Addis          | (D.O. Day Marsharia No. A.                | (-)  |            |               |
| TAMPA FL 33817  |                    |                                     |          |                     |          | 02   | Street Addre          | ess (P.O. Box Number is Not Acceptab      | 10)  |            |               |
| 1   |                    | •                                   |          |                     |          | 83   |                       |   |  |            |               |
| į   |                    |                                     |          |                     |          |  |                       |   |  |            |               |
|   |                    |                                     |          |                     |          | 84   | City                  |   | FL   | 85 Zip     | Code          |
| 11. Pursuant  | to the provisi     | ons of Sections 607 0502            | and 60   | 07 1508 Florida Sta | tutos th | e abov                                       | e-pamod corry         | oration eulemite this statement for the n | urooco of  | changing i | te registered |
| 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. |                    |                                     |          |                     |          |  |                       |   |  |            |               |
| agent. I a  | m tamiliar wit     | h, and accept the obligat           | ions of  | , Section 607.0505, | Florida  | Statutes                                     | S.                    |   |  |            | -             |
| SIGNATURE   | Clanatura tunad    | or printed name of registered agent |          | 4                   | IOT D    |  |                       |   |  |            |               |
| 12.   | algriditore, types | OFFICERS AND                        |          |                     |          | 13.  | ent signature require | ADDITIONS/CHANGES TO OFFIC                | DATE<br>EDS AND                                      | DIBECTO    | 20 141 20     |
| TITLE   | PSTD               | OF TOETIO AND                       | 171711.0 | DELETE              |          | .1 TOLE                                      |                       | ADDITIONS/CHANGES TO OTHE                 | ENS AND  | Change     | Addition      |
| NAME  | VASTI, LA          | LIRFI                               |          | C) Witte            |          | .2 NAME                                      |                       |   |  | Onange     | E Notificial  |
| STREET ADDRESS 11503 TULLAMORE PRIVE PL   |                    |                                     |          | N. P                |          |  | 4000500               |   |  |            |               |
|   |                    | L0000 33617                         |          |                     |          |  | ADDRESS               |   |  |            |               |
| CITY-ST-ZIP   | Dani ry i          | 20000 ,0001 1                       |          | District            |          | .4 CITY - S                                  | ST-ZIP                |   |  |            |               |
| TITLE   |                    |                                     |          | ☐ DELETE            |          | II TITLE                                     |                       |   |  | Change     | Addition      |
| NAME  |                    |                                     |          |                     |          | 2 NAME                                       |                       |   |  |            |               |
| STREET ADDRESS  |                    |                                     |          |                     | 2        | 3 STREET                                     | ADDRESS               |   |  |            |               |
| CITY-ST-ZIP   |                    |                                     |          |                     |          | 4 CITY-                                      | S1 - ZIP              |   |  |            |               |
| TITLE   |                    |                                     |          | ☐ DEL€1E            | 3        | A TITLE                                      |                       |   |  | L Change   | Addition      |
| NAME  |                    |                                     |          |                     | 3        | .2 NAME                                      |                       |   |  |            | ]             |
| STREET ADDRESS  |                    |                                     |          |                     | 3        | .3 STREET                                    | ADDRESS               |   |  |            |               |
| CITY-ST-ZIP   |                    | 1.5                                 |          | ····                | 3        | 4. CITY - S                                  | ST - 7IP              |   |  |            |               |
| TITLE   |                    |                                     |          | ☐ DELETE            | 4        | .1 TITLE                                     |                       |   |  | ☐ Change   | Addition      |
| NAME  |                    |                                     |          |                     | 4        | . 2 NAME                                     |                       |   |  |            |               |
| STREET ADDRESS  |                    |                                     |          |                     | 4        | .3 STREET                                    | ADDRESS               |   |  |            |               |
| CITY-ST-ZIP   |                    |                                     |          |                     | 4        | 4 CHY-S                                      | ST - ZIP              |   |  |            |               |
| TITLE   | -                  |                                     | -        | DELETE              | 5        | 1 111LE                                      |                       |   |  | ☐ Change   | Addition      |
| NAME  |                    |                                     |          |                     | 5        | 2 NAME                                       |                       |   |  | •          |               |
| STREET ADDRESS  |                    |                                     |          |                     |          |  | ADDRESS               |   |  |            |               |
| CITY-ST-ZIP   |                    |                                     |          |                     |          | 4 CITY-S                                     |                       |   |  |            |               |
| TITLE   |                    | ···                                 |          | DELETE              | _        | 1 TITLE                                      | 71 - E1f              |   | · <del>-</del> · · · · · · · · · · · · · · · · · · · | Change     | Addition      |
| NAME  |                    |                                     |          |                     |          | 2 NAME                                       |                       |   |  |            |               |
| STREET ADDRESS  |                    |                                     |          |                     | 1        |  | ADDRICE               |   |  |            |               |
|   |                    |                                     |          |                     | 1        |  | ADDRESS               |   |  |            |               |
| CITY-ST-ZIP   |                    |                                     |          |                     | 6        | 4 CITY-S                                     | SI - ZIP              |   |  |            |               |

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 eath; 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.