1023-1791

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		RT	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS								
DOCUI  1. Corporation  REALTY	n Name	* G41673 AND MANAGEME		(6)							
Principal Place of Business Mailing Address								991 11 <b>016 9</b> #016 1 <b>8</b> 98	OD INST BIBIT OF	ii minii minii n	11831 <b>313</b> 11 <b>110</b> 1
3801 SUGAR PALM DRIVE TAMPA FL 33619			3801 SUGAR PALM DRIVE TAMPA FL 33619			ı	OO NOT WRIT	E IN THIS §	PACE		
							3. Date Incorporate 06/01/1983	d or Qualified	-		
2. Principal Place of Business			2a. Mait	ing Address			4. FEI Number			Ap	plied For
21			26				59-2294978				ot Applicable
Suite, Apt	#, e1c.		$\vdash$	e Apt. #, etc.			5. Certificate of State	us Desired	$\mathbf{X}'$	\$8.75 A	
22 City & State			27 City	& State			6. Election Campaig	n Financina		\$5.00	
23			28	o clate			Trust Fund Contr			Added t	•
Zip		Country	Zip		Cou	ntry	8. This corporation	owes or has pa	aid the curre	nt year I <u>nt</u> a	angible
24	2:		29		30		Personal Propert			Yes _	No No
AL 117		nd Address of Currer	nt Registered	Agent		81 Name	10. Name and Addr	ess of New R	egistered A	gent	
	th, <b>Dar</b> rell I Su <b>ga</b> r Pai								<del>_</del>		
	PA FL 33619					82 Street Ad	kdress (P.O. Box Number i	s Not Acceptal	ble)		
t CMAII	1 7 1 F 000 10	•				83			-		
						84 City		<del></del>		85 Zip (	Code
									<u>FL</u>		
11. Pursuant	t to the provision	ns of sections 607.050	2 and 607.150	08, Florida Statut	es, the abo	ve-named corp	poration submits thi <b>s state</b> r ation's board of directors. I	nent for the pur hereby accept	rpose of cha	nging its re-	gistered gistered
agent. I s	am <b>famil</b> iar witi	and accept the oblig	ations of, sec	tion 607.0505, FI	lorida Stati	iles.	allows board or directors.	norosy accep-	( are appears	mont as re	giolores
SIGNATURE .	Signature bysed or	printed name of registered age	nt and title if anning	able (N	OTE: Register	ed Apent signature r	equired when reinstating)	<u> </u>	DATE		
12.	Olgrander, typod or	OFFICERS AN			13.		ADDITIONS/CHAI	IGES TO OFF		DIRECTO	RS IN 12
TITLE	PD			DELETE	1.1 T(T	LE				Change	Addition
NAME	SMITH, DAI				1.2 NA	ME					
STREET ADDRESS		AR PALM DRIVE			1.3 ST	REET ADDRESS					
CITY-ST-ZIP	TAMPA, FL	00000				Y-ST-ZiP				<b>—</b> ———	
TITLE				] DELETE	2.1 TIT				L	Change	Addition
NAME					2.2 NA						
STREET ADDRESS					1	REET ADDRESS					
TITLE				DELETE	3.1 TIT	Y-ST-ZIP LE				Change	Addition
NAME				[_] DELECT	3.2 NA				<u>_</u>	_ Ciloringo	Addition
STREET ADDRESS						REET ADDRESS					
CITY-ST-ZIP					3.4 CIT	Y-ST-ZIP					
TITLE				DELETE	4.1 TIT	LE			T	Change	Addition
NAME					4.2 NA	ME					
STREET ADDRESS					4.3 ST	REET ADDRESS					
CITY-ST-ZIP						Y-ST-ZIP				_	
TITLE				DELETE	5.1 TIT				L	Change	Addition
NAME					5.2 NA		•				
STREET ADDRESS					•	REET ADDRESS					
CITY-ST-ZIP_					5.4 CIT 6.1 TIT	Y-ST-ZIP				T. 05	A =====
TITLE				L DELETE	6.1 (1) 6.2 NA				L.	Change	Addition
NAME STREET ADDRESS						ME REET ADDRESS					
STREET ADDRESS						Y-ST-ZIP					
14. I hereby co	ertify <b>tha</b> t the in	formation supplied with	this filing do	es not qualify for	the exemp	tion stated in s	ection 119.07(3)(i), Florida	Statutes. I furt	her certify the	at the infor	mation
indicated of an officer of	on thi <b>s a</b> nnual or director of t≀	report or supplemental ne corporation or the re changed, or on an att	annual repor eceiver or trus	t is true and accu tee empowered t	urate and to to execute	hat my signaty this report as	o shall have the same leg required by Chapter 607.	al effect as if i	made under s; and that m	oath; that I iy name ap	am pears

10:00