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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(2)

DOCUMENT # 1. Corporation Name CERTIFIED REALTY, INC.



nir cipal Flace of Business Mailing Address							
650 DOUGLAS	AVE	650 DOUGLAS AVI #1000	E				
#1000 ALTA MONTE SPRINGS FL 32714 US		ALTAMONTE SPRINGS FL 32714 US			3. Date incorporated or Qualified 12/07/1983	3a. Date of La 01/23	st Report. 3/1995
Principal Place	of Business	2a. Mailing Address			4. FEI Number		Applied For
Frincipal Frace	A DUSHIOS	26			59-2364432	ę o	Not Applicable .75 Additional
 Sute, Apt. #, €	ic.	Suite, Apt #, etc.			5. Certificate of Status Desired		ee Required
		City & State			6. Election Campaign Financing	<u> </u>	5.00 May Be
City & State		City & State		_	Trust Fund Contribution		dded to Fees
	Country	Zip	Cour	ntry	8. This corporation has liability for i	ntangible tax und	lers 199.032,
	25	29	30		Florida Statutes Yes  10. Name and Address of New R	egistered Agen	t
	9. Name and Address of Curi	ent Registered Agent		81 Name	10. Harris Britania		
	DC: TON 1		\	l.	ess (P.O. Box Number is Not Acceptate	ole)	
HAYNES, DELTON L 650 DOUGLAS AVE				82 Street Address (P.O. Box Number is Not Acceptable)			
#1000	OLAS AYE			63			
ALTAMONTE SPRINGS FL 32714			}	<b>84</b> City		FL 85	Zip Code
			ļ	·	ation submits this statement for the pured of directors. Thereby accept the app		its registered office
or registered familiar with:	agent, or both, in the State of and accept the obligations of, S	ection 607,0505, Florida State	utes.	Agent signature require	duken reinstation	DATE	
£a;	out in type i or prede tinance of registers to	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
rt 5'	DPC	DELETE	1.13	ITLE		Ct	hange [_] Addition
ME	HAYNES, DELTON, L		1.2 N	AME )			
RE: LADURES:	650 DOUGLAS AVE, SU	TE #1000		TREE LADORESS			
14-SL 7IP	ALTAMONTE SPRINGS	-L 32/14		ITY - ST - ZIP			nange 🔲 Addition
ILF	GARMON, GARY E	C) better	2 ? N				
AME .	650 DOUGLAS AVE, SU	ITE #1000		STREET ADDRESS			
TECH LADURESS	ALTAMONTE SPRINGS	FL 32714	240	DITY - ST - ZIP		П	hange
HY S1-7H		☐ DELE 1E		TIFLE			liange La radice
AΜτ				NAME CTRACT ADODESC			
PREFE ADDRESS				STREFT ADORESS			
prix - S1 - Zig		DELFTE		CITY-ST-ZIP TITLE			thange 🔲 Addition
II.F			1	NAME			
NAME CORRES AS DOESE			43	STHEET ADDRESS			
STREET ALLDRESS  OUT SEZIE				CITY-ST-ZIP		<u> </u>	Change Additio
MATE STATE		DELF TE		TITLE		. ا	
name .			i	MAME Crocky Address			
STREET ADORESS				STREET ADDRESS CITY-ST-ZIP			
City St. 78		DELET		TITLE			Change
111.5		<u>.</u>	i i	NAME			
NAME STREET ADDRESS			63	STHEET ADDRESS			
				CITY-ST-ZIP	An the execution stated in Section 1	19.07(3)(k). Florid	a Statutes. I further
certify that	y certify that the information sup the information indicated on this Lain an officer or director of the Block 12 or Block 13 if change	expression or the receiver or	trustee empoy	id does not quality it is true and accu vered to execute i	y for the exemption stated in Section 1 trate and that my signature shall have this report as required by Chapter 607	, Tiorida Diames	ect as if made und and that my name

SIGNATURE:

1-24-96 (407)862-1303