3-1-95 13-1664-C

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

DOCUMENT # H00390 (5)

1. Entity Name

WILLS REALTY INC.

Principal Place of Business	Mailing Address
2525 SW 3RD AVE., #203B MIAMI FL 33129	2525 SW 3RD AVE., #203B MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1984	3a. Date of Last Report: 05/31/1994
4. FEI Number: 59-1932739	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21): Street Address, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Street Address, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

WILLS, S. HAYWARD
2525 SW 3RD AVE., 203B
MIAMI FL 33129

10. Name and Address of New Registered Agent

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: (Typed Name of Person Signing) (Capacity/Title of Person Signing) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TYPE	CT	11 TITLE	☐ Change ☐ Addition
02 NAME	WILLS, S. HAYWARD	12 NAME	
03 STREET ADDRESS	210 SEAVIEW DR.	13 STREET ADDRESS	
04 CITY-ST-ZIP	KEY BISCAYNE FL	14 CITY-ST-ZIP	
05 TYPE	P	21 TITLE	☐ Change ☐ Addition
06 NAME	WILLS, MARY	22 NAME	
07 STREET ADDRESS	210 SEAVIEW DR.	23 STREET ADDRESS	
08 CITY-ST-ZIP	KEY BISCAYNE FL	24 CITY-ST-ZIP	
09 TYPE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY-ST-ZIP		34 CITY-ST-ZIP	
13 TYPE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY-ST-ZIP		44 CITY-ST-ZIP	
17 TYPE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TYPE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 asterisk.

SIGNATURE: S. Hayward Wills S. Hayward Wills 305-859-8823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0125431 CP