

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 SEP -4 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H06772 (8)

1. Corporation Name

NEW HORIZONS REALTY OF ENGLEWOOD, INC.



Principal Place of Business

Mailing Address

3579 S. ACCESS RD.
ENGLEWOOD FL 34224

3579 S. ACCESS RD.
ENGLEWOOD FL 34224

3. Date Incorporated or Qualified

06/06/1984

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 3579 S. ACCESS RD

26 3579 S. ACCESS RD

4. FEI Number

59-2414680

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 SUITE B

27 SUITE B

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

28 City & State

23 ENGLEWOOD, FL

28 ENGLEWOOD FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

Country

24 34224

25 CHARLOTTE

29 Zip

29 34224

Country

30 CHARLOTTE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACRIS, STEVEN W.
609 S. TAMiami TRAIL
VENICE FL 33595

81 Name THOMAS MCLENNON

82 Street Address (P.O. Box Number is Not Acceptable)
1160 SOUTH MCCALL ROAD

83 SUITE B

84 City ENGLEWOOD

FL

85 Zip Code 34223

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

THOMAS P. MCLENNON

8/30/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME NEWELL, DARRYL
STREET ADDRESS 3579 S. ACCESS RD.
CITY-ST-ZIP ENGLEWOOD FL

TITLE PS
NAME SMITH MONTE I.
STREET ADDRESS 3579 S. ACCESS RD SUITE B
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE VT
NAME BECK KATHLEEN M. FRICK
STREET ADDRESS 3579 S. ACCESS ROAD SUITE B
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE D
NAME FREITAS JAMES J.
STREET ADDRESS 3579 S. ACCESS RD SUITE B
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE D
NAME AITCHISON ALICE I.
STREET ADDRESS 3579 S. ACCESS ROAD SUITE B
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen M. Beck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN M. BECK

Date

8/17/96 941-474-9319

Daytime Phone #

CR2E034 (3/96)