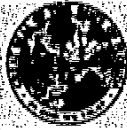


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 9:27

DOCUMENT # H15101 (9)

1. Corporation Name
CHARLOTTE FIRST REALTY, INC.

Principal Place of Business: 100 MADRID BLVD. SUITE 113 PUNTA GORDA FL 33950 US
Mailing Address: 100 MADRID BLVD. SUITE 113 PUNTA GORDA FL 33950 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/03/1984** 3a. Date of Last Report: **01/25/1994**
4. FEI Number: **59-2434739** 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 8:109.032, Florida Statutes Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
OSBORNE, NEIL A.
3830 BORDEAUX DRIVE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: **FL**

correct spelling please

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: **D**
NAME: **OSBORNE, NELL A.**
STREET ADDRESS: **3830 BORDEAUX DRIVE**
CITY-ST-ZIP: **PUNTA GORDA FL**
TITLE: **PST**
NAME: **OSBORNE, NELL A.**
STREET ADDRESS: **3830 BORDEAUX DRIVE**
CITY-ST-ZIP: **PUNTA GORDA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME: Change Addition
1.3 STREET ADDRESS: Change Addition
1.4 CITY-ST-ZIP: Change Addition
2.1 TITLE: Change Addition
2.2 NAME: Change Addition
2.3 STREET ADDRESS: Change Addition
2.4 CITY-ST-ZIP: Change Addition
3.1 TITLE: Change Addition
3.2 NAME: Change Addition
3.3 STREET ADDRESS: Change Addition
3.4 CITY-ST-ZIP: Change Addition
4.1 TITLE: Change Addition
4.2 NAME: Change Addition
4.3 STREET ADDRESS: Change Addition
4.4 CITY-ST-ZIP: Change Addition
5.1 TITLE: Change Addition
5.2 NAME: Change Addition
5.3 STREET ADDRESS: Change Addition
5.4 CITY-ST-ZIP: Change Addition
6.1 TITLE: Change Addition
6.2 NAME: Change Addition
6.3 STREET ADDRESS: Change Addition
6.4 CITY-ST-ZIP: Change Addition

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 110.07(3)(4), 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 address.

SIGNATURE: *Nell A. Osborne* **4/4/95 (813) 639-4802**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Nell A. Osborne*