PROFIT CORPORATION ANNUAL REPORT 1997 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DCUMENT # H22684 torporation Name (5) WAJESTY REALTY, INC. (5) WAJESTY REALTY, INC. Secretary of State DIVISION OF CORPORATIONS Cipa: Place of Business Mailing Address SPRING VALLEY RD AMONTE SPRINGS FL 32714 State Trincipal Place of Business 28. Mailing Address 28. Vincipal Place of Business 28. Value of Business 29. Solite, Apt. #, etc. 27. City & State City & State Size 29. Solite, Apt. #, etc. 29. Size 29. Size 29. Size 29. Size 30. Size 30. Size 30. Size 30. Size Size Street Addres Size Size Street Addres	May 12 1997 8:00am Secretary of State Image: secretary of State
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9. Name and Address of Current Registered Agent 81 Name 81 Name	10. Name and Address of New Registered Agent
WISE, J NEAL	ress (P.O. Box Number is Not Acceptable)
908 SPRING VALLEY ND 821 Street Addre	
ALTAMONTE SPRINGS FL 32714	
84 City	es Zip Code
Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corport	
agent 1 am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes,	tion's board of directors. I hereby accept the appointment as registered
NATURE Signature, typed or printee name of registered agent and title if applicable. (NOTE: Registered Agent signature require	
OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
WISE, MARTHA S (HERREN) 1.2 NAME	
ALTAMONTESPRING VALLEY RD 1.3 STREET ADDRESS S1-ZIP ALTAMONTESPRINGS FL 1.4 City-st-ZIP	
PD DELETE 2.1 TITLE	Change 🛄 Addition
WISE, J NEAL 2.2 NAME et adorfess 908 SPRING VALLEY RD 2.3 STREET ADDRESS	
S1-74* ALTAMONTE SPRINGS FL 2.4 CITY-ST-ZIP	Change I Addition
32 NAME	
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S1-2# DELETE 6.1 TITLE	Change 🔲 Addition
6 2 NAME	
ET ADDRESS 63 STREET ADDRESS S1 / 7/P / 64 CITY - ST - Z/P	
t do hereby certify that the information supplied with this filling does not qualify for the exemption stated information indicated on this aprilal report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or thereceiver or trustee empowered to execute this report appears in Block 12 or Block 12 if changed, or or an attachment with an address.	d in Section 119.07(3)(i), Florida Statutes. I further certify that the it my signature shall have the same legal effect as if made under oath, that
Tam an onlicer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 12 if changed, or or an attachment with an address.	rit as required by Unapter 607, Honda Statutes; and that my name
GNATURE:	e 1/28/97 407+263-4145