FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1991	32						
1. Corporation	MENT # H2767(D REALTY, INCORPORATE	` '				I BYBY BYBY BYBY BYBY BY	I	
Discount Disco	h of D to note o	Mailing Address	· <u></u>					
Principal Place of Business Mailing Address								
10084 DENOEU RD BOYNTON BEACH FL 33437 10084 DENOEU RD BOYNTON BEACH FL 33437			37-4528		· ·			
					Date Incorporated or Qualified 10/30/1984	Sa. Date of Last 05/01/1996		
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
26					59-2466397	Not Applicable \$8.75 Additional		
Suite, Apt. #, etc. Suite, Apt. #, e 22 27					5. Certificate of Status Desired		Additional Required	
City & State	}	City & State			C. Classica Companies Figure			
23		28			Election Campaign Financing Trust Fund Contribution		May Be	
Zip			Соц	B. This corporation has liability for intangible tax under				
24	25	29	30		Florida Statutes	Yes 🔲 No		
	g, Name and Address of Curre	nt Registered Agent		2.1 ::	10. Name and Address of New Re	gistered Agent		
	LIS, B. N.		1	81 Name				
10084 DENOU RD				82 Street /	Address (P.O. Box Number is Not Acceptable)			
BOY	INTON BEACH FL 33437		1	83				
			l	63				
			ſ	84 City		FL 85 Zig	p Code	
44 Pureusni	to the provisions of Sections 607.05	02 and 607 1508 Florida Statut	os the ab	l named	corneration submits this statement for the		ite registored	
office or re	egistered agent, or both, in the State	e of Florida, Such change was a	uthorized	by the corp	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appointment a	as registered	
	m familiar with, and accept the oblig	gations of, Section 607.0505, Fig	xida Stati	utes.				
SIGNATURE	Signature, typed or printed name of registered as	pent and title if applicable. (NOT	Registered	Agent signature	required when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.	 	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	DRS IN 12	
THEF	VD	☐ DELETE	1.1 TIT	1E		☐ Change	Addition	
NAME	MILLER, DONNA T		1,2 NA	ME ({;	
STREET ADDRESS	17 SPRINGDALE ROAD		1.3 ST	reet address			Ji	
City-St-ZiP	LAKE WORTH FL 33437		1,4 CIT	Y-ST-ZIP				
TITLE	PSTD	DELETE	2.1 111	LE		Change	Addition	
name.	WILLIS, B N		2.2 NA	ME			ļ	
STREET ADDRESS	The state of the s		23 ST	REET ADDRESS			}	
CITY-S1-7IF	· · · · · · · · · · · · · · · · · · ·		_	TY-ST-ZIP		T	1.200	
TITLE	-		3.1 TIT	(☐ Change	Addition	
NAME PROTECT ADMINISTRATE			32 NA]				
STREET ADDRESS				REET ADDRESS				
CHY-ST-ZIP TITLE		☐ DELETE	3.4. CI 4.1 TIT	TY-ST-ZIP LE		Change	Addition	
NAME			4.2 N/					
STREET ADDRESS				REET ADORESS			1	
CITY-\$1-20P				Y-ST-21P			ļ	
Tiltf		DELETE	5.1 TiT			☐ Change	Addition	
NAME			5.2 NA	ME ,				
STREET ADORESS			5.3 ST	REET ADDRESS	1		ļ	
CITY - \$1 - ZIP			5.4 CIT	Y-ST-ZIP				
TITLE	- Alter par	☐ DELETE	6 1 TIT	LE		Change	Addition	
NAME			6.2 NA	ME			1	
STREET ADDRESS			6.3 ST	reet adoress			ļ	
CITY . C1 . 7/P			6.4.00	v.et.no			į.	

14. I do hereby certify that the information supplied with this filing 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 expowered 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: BN WILLS TO A PRINTED NAME OF IS

2 76.

MAR 18'97 561969-1113

FILED

Mar 27 1997 8:00am

Secretary of State

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