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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation PACE	MENT # H413 2000 REALTY, INC.	80 (7)					IS 6633 BIGIN GI	iii 41811 814	il bibik aran 183 1	
Principal Place of	of Business	Mailing Address								
	ort st lucie blyd Icie fl 34984	208 S.W. PORT ST LU PORT ST LUCIE FL 34								
70117 01 20	7011 1 E 41901	7071 07 20012 12 0				3. Date Incorporated or Qualified	3a. Date	of Last F	eport	
						02/06/1985	0	5/01/19	995	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		 	Applied For	
1						59-2532205			Not Applicable	
Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing	40.00			
23 28			Country			Trust Fund Contribution			d to Fees	
Zip 24	Country 25	Zip 29	30	ntry		8. This corporation has liability for it Florida Statutes Yes	intangible ta:	x under s	199.032,	
· <u>'</u>	9. Name and Address of Curre		(44)			10. Name and Address of New R		Agent	· · · · · · · · · · · · · · · · · · ·	
				81	Name					
NADALIN, ANGELO					Street Addre	ss (P.O. Box Number is Not Acceptab	le)			
208 S.W. PORT ST LUCIE BLVD				83					.	
PORT S	ST LUCIE FL 34984									
				84	City		FL	85 Zi	p Code	
or registere familiar with	o the provisions of Sections 607.050 ad agent, or both, in the State of Floi n, and accept the obligations of, Sec	rida. Such change was authorize	s, the abo d by the o	ve-na xorpo	amed corpora ration's board	tion submits this statement for the pur d of directors. I hereby accept the app	pose of cha pintment as	nging its registered	registered offic Lagent. Lam	
SIGNATURE	Signature, typed or printed name of registered age			Agent	signature required		DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		DIRECTO Change	DRS IN 12	
TITLE NAME	PD UELETE NADALIN, ANGELO		1.2 N/				L	_ Onlarige		
STREET ADDRESS	208 SW PORT ST LUCIE B	BLVD			ADDRESS					
CITY - S1 - ZIP	PORT ST LUCIE FL			TY-ST	- ZIP					
TITLE	☐ DELETE			ITLE			[] Change	☐ Addition	
NAMÉ OTOTET LEODESO			1	2.2 NAME 2.3 STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP		2.4 CITY - ST - ZIP								
TIFLE		3. 1 TITLE					Change	Addition		
NAME			3.2 N	NAME						
STREET ADDRESS			3 3 S	"REE1 A	ADDRESS					
CHY-ST-ZIP		f no etc	_	TY-ST	- 2 iP			7 Chanca	Maddian	
TITLE	DELETE			ITLE			L] Change	Addition	
NAME STREET ADDRESS			4.2 N		ADDRESS					
CHY-ST-ZIP				TY-ST						
TITLE	☐ DELETE			ITLE				Change	☐ Addition	
NAME			5.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		["] DELETE	5.4 C	ITV-SI	- ZIP	<u>,</u>	Г	Change	☐ Addition	
NAME		[] vecele	62 N				L			
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP			64C	ITY-ST	- ZIP					
certify that oath; that I appears in	the information indicated on this and am an officer or director of the corp Block 12 or Block 13 if changed, or	nual report or supplemental annu poration or the receiver or trustee	ual report i e empowe	s true	e and accurat o execute this	or the exemption stated in Section 119 le and that my signature shall have the c report as required by Chapter 607, FI ELO WADYW 4	same legal	effect as	it made under	
SIGNAT	UKE: SMINATUS AND TYPED	OR PRINTED NAME OF SIGNING OFFICE	R OR DIREC	TOR	TIND	CU WIUIWIV 1	V) / /	aytinie Phone	, , , , ,	