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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H44646

(8)

FLORIDA FINANCIAL REALTY, INC.

,

Principal Place of Business

Mailing Address

9181 85TH AVENUE NORTH SEMINOLE FIX SEA 9181 85TH AVENUE NORTH SEMINOLE FL 33777-2816

FILED
May 06 1997 8:00am
Secretary of State



R.							3a. Date Incorporated or Qualified 3a. Date of Last Report 08/12/1996				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	J		pplied For	
21			26			59-2639316	Not Applicable				
Sulte, Apt. #, etc. Suite, A 22 27				Apt. #, etc.			5. Certificate of Status Desired	5. Certificate of Status Desired \$8.75 Additi			
City & State City & State							6. Election Campaign Financing		\$5.00	May Be	
28 28							Trust Fund Contribution				
Zip	Country Zip Country					8. This corporation has liability for intangible tax under s. 199.032,					
25 29 30 9. Name and Address of Current Registered Agent					~- <del></del>	Florida Statutes Yes R No					
01/	<del></del>		it Hegistered Agent		81	Name	10. Name and Address of New Re	istered A	gent		
	NORELLI, PATRICK				01	IName					
9181 85TH AVENUE NORTH SEMINOLE FLISHOUT					82 Street Address (P.O. Box Number is Not Acceptable)						
					83						
	28777	•			63						
					84	City		FL	1	Code	
11. Pursuar	nt to the provisions of Se	ections 607.050	2 and 607.1508, Florida	Statutes, the	above	e-named c	corporation submits this statement for the pr	rpose of o	hanging i	ts registered	
onice of agent. I	registered agent, or be am familiar with, and a	orn, in the State ecept the oblig	or Horida. Such chang ations of, Section 607.0	o was authori 505, Florida S	żed by Hatutes	the corpo	corporation submits this statement for the proration's board of directors. I hereby accep	the appo	intment as	registered	
SIGNATURE		. 0									
	Signature, typed or printed no					ad signature r	oquired whon reinstating)	DATE			
12.	TU6	OFFICERS AN		1:	<del></del>		ADDITIONS/CHANGES TO OFFIC	ERS AND I			
TITLE	VD	DIOV O	☐ D€1		TITLE			I	Change	Addition	
NAME	SIGNORELLI, PAT			1.3	2 NAME						
STREET ADDRESS					3 STREET	ADDRESS					
CITY-ST-ZIP	SEMINOLE FL				4 CITY - S	1 - 2(P					
TITLE	PTD	IIOE U	☐ DEL		1 TITLE			L	Change	Addition	
NAME	SIGNORELLI, LOUISE H. RESS 9181 85TH AVE NORTH			1	2.2 NAME						
STREET ADDRESS	SEMINOLE FL				ADDRESS						
CITY-ST-ZIP	SEMINOLE PL		T 551		<b>∮</b> 001Y-5	ST-ZIP			<del></del>		
TITLE	1 -	IIOE LI	DEU	•	1 TITLE			L	Change	Addition	
NAME	Signorelli, Lou   9181 85TH AVE N				2 NAME						
STREET ADDRESS	SEMINOLE FL	חואטו				ADDRESS					
CITY-ST-ZIP	OCMINULE PL		DELI		4 CITY-5	ST - ZIP			10		
NAME			L. J VICO		1 TITLE			L	Change	Addition	
STREET ADDRESS	.]				2 NAME	ADDDESS					
	<b>'</b>					ADDRESS					
CITY-ST-ZIP TITLE	<del> </del>		DELL		1 CITY - S 1 TITLE	1 - ZIP			Change	T Addition	
NAME			الما والما	1 -				L	Chango	Addition	
STREET ADDRESS					2 NAME	ADDDECO					
CITY-ST-ZIP	`					ADDRESS					
TITLE	<del>                                     </del>		DELI		I CITY-S	1 · ZIP			Change	Addition	
NAME			Level DECO		NAME			L	∪ıkılge	F□ waambu	
STREET ADDRESS	.]					ADDOLOG					
CITY-ST-ZIP	<b>`</b>					ADDRESS					
	eby certify that the infor	mation supplier	d with this filing does or	t qualify for #	CITY-S	motion sta	ated in Section 119.07(3)(i), Florida Statutes	Lfurther	partify that	tho	

4. I do hereby certify that the information supplied with this filling 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 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 corp action 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 changing, or on an attantinent with an address.

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(BI3) 304-3424