

**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 JUN 15 PM 12:03

**DOCUMENT # H99703 (1)**

1. Corporation Name  
**LEGG MASON REAL ESTATE SERVICES SOUTH, INC.**

Principal Place of Business      Mailing Address  
**255 SOUTH ORANGE AVE**      **255 SOUTH ORANGE AVE**  
**FIRSTSTATE TOWER, SUITE 1540**      **FIRSTSTATE TOWER, SUITE 1540**  
**ORLANDO FL 32801-0415**      **ORLANDO FL 32801-0415**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/17/1986**      **04/14/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		<b>59-2635670</b>		<input type="checkbox"/> Not Applicable	
Suite, Apt #, etc		Suite, Apt #, etc		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
22 <b>Citrus Centre, Suite 1540</b>		27 <b>P.O. Drawer 3746</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
City & State		City & State		7. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23 <b>Orlando, FL</b>		28 <b>Orlando, FL</b>					
Zip		Zip					
24		29 <b>32802-3746</b>		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>TURNER, ROBERT N.</b> <b>255 S. ORANGE AVENUE</b> <b>SUITE 1540</b> <b>ORLANDO FL 32801</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ (Signature typed or printed name of registered agent and the registered agent) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DC</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D'ALESSIO, WALTER</b>	12 NAME	
STREET ADDRESS	<b>1735 MARKET ST</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>PHILADELPHIA PA</b>	14 CITY, ST, ZIP	
TITLE	<b>V</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, ROBERT N.</b>	22 NAME	
STREET ADDRESS	<b>255 S ORANGE AVE #1540</b>	23 STREET ADDRESS	
CITY, ST, ZIP	<b>ORLANDO FL</b>	24 CITY, ST, ZIP	
TITLE	<b>SD</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VENEZIALE, EUGENE J.</b>	32 NAME	
STREET ADDRESS	<b>1735 MARKET ST</b>	33 STREET ADDRESS	
CITY, ST, ZIP	<b>PHILADELPHIA PA</b>	34 CITY, ST, ZIP	
TITLE	<b>D</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIMELFARB, RICHARD J.</b>	42 NAME	
STREET ADDRESS	<b>111 S. CALVERT ST.</b>	43 STREET ADDRESS	
CITY, ST, ZIP	<b>BALTIMORE MD</b>	44 CITY, ST, ZIP	
TITLE	<b>PD</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTCHENHART, R C</b>	52 NAME	
STREET ADDRESS	<b>1735 MARKET ST</b>	53 STREET ADDRESS	
CITY, ST, ZIP	<b>PHILADELPHIA PA</b>	54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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)(b), 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: \_\_\_\_\_ (Signature typed or printed name of signing officer or director) **ROBERT N TURNER**      **6/6/95**      **407 843 4004**