

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 JAN 26 PM 3:27

DOCUMENT # **J25311** (7)
1. Corporation Name
BRATTLÖF REALTY GROUP, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
7 FLORIDA PARK DR. STE C P.O. BOX 352379
PALM COAST FL 32137-3806 US PALM COAST FL 32137-3806
US

3. Date Incorporated or Qualified **07/25/1986** 3a. Date of Last Report **03/08/1994**
4. FEI Number **59-2699170** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
CHIUMENTO, MICHAEL D.
4 OLD KINGS ROAD NORTH
PALM COAST FL 32037

10. Name and Address of New Registered Agent
81 Name **BLALOCK HOLDINGS TWO AXEL, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable) **INDEPENDENT SQUARE, SUITE 2301**
83
84 City **JACKSONVILLE** FL 85 Zip Code **32202**

11. Pursuant to the provisions of Sections 607.602 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]* **1/23/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THORNHILL, LESLIE B.
STREET ADDRESS	105 ADDISON DR
CITY-ST-ZIP	ORMOND BCH FL
TITLE	STD
NAME	BRATTLÖF, HERBERT
STREET ADDRESS	9 CAPRI CT
CITY-ST-ZIP	PALM COAST FL
TITLE	VD
NAME	GARDNER, NANCY L
STREET ADDRESS	1004 S. FLAGLER AVE.
CITY-ST-ZIP	FLGLER BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SECRETARY / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HERBERT BRATTLÖF
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RICHARD A. GIUMENTA
4.3 STREET ADDRESS	65 WILLETTPARK LN
4.4 CITY-ST-ZIP	PALM COAST FL 32137
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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]* **LESLIE B. THORNHILL** / 1/19/95 **904 445-1441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR