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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani Sccretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name J34455

(2)

FIGARI REALTY CORP.

Principal Place of Business	Mailing Address
5128 S. 36TH AVENUE TAMPA FL 33619	5128 S. 36TH AVENUE TAMPA FL 33619

FIGARI REALTY CORP.						
Principal Place o	f Business	Mailing Address				
5128 S. 36TH A	VENUE	5128 S. 36TH AVENUE				
TAMPA FL 33619 TAMPA FL 33619			3. Date Incorporated or Qualifie 09/23/1986	05/23/1995		
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	Se of Education	26		22-2788113	Not Applicable	
Suite, Apt. #	Apt. #, etc Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22		27	<u> </u>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
23	Country	28 Zip	Country	B. This corporation has liability	for intangible tax under s 199.032,	
Zip 24	25	29	30		Yes No	
[4]	9. Name and Address of Cu			10. Name and Address of Ne	w Registered Agent	
			81 Nam			
FIGARI, P	ETER		82 Stree	e! Address (P.O. Box Number is Not Accep	otable)	
5400 AZU						
	A FL 34242		83			
			84 City		FL 85 Zip Code	
			- the shows spaced	corporation submits this statement for the it's board of directors. I hereby accept the	-f shanging to registered offy	
12. TITLE	Signature typed or protect name of reproved OFFICE RS	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	FIGARI, PETER		1.2 NAME			
STREET ADDRESS	5400 AZURE WAY		1.3 STREET ADDRE	73		
CITY - ST - ZIP	SARASOTA FL	□ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition	
TITLE	V FIGARI, FRANK		2.2 NAME			
NAME STREET ADDRESS	5455 AZURE WAY		2.3 STREET ADDRE	ss		
CITY - ST - ZIF	SARASOTA FL		2 4 C(1) Y - S1 - Z(P		Change Addition	
TIFLE		DELETE	3 1 THLE		Change C Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDR	192		
CITY-ST-7IP		[] DELETE	3 4 CITY - ST - ZIF 4 1 1-1 LE		Change Addition	
TITLE			4.2 NAME			
NAME AMEST LEGISSES			4.3 STREET ADOR	ESS		
STREET ADDRESS			4.4 CITY - ST- ZIP		——————————————————————————————————————	
TITLE		DELETE	5 1 11 [†] LF		Change Additio	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADOR	į		
CITY - ST - ZIP			5 4 CHY-ST-ZIP		Change Additio	
TITLE		☐ DELÉTÉ	6 1 THEF			
NAME			6 2 NAME	0000		
STREET ADDRESS			€ 3 STREET ADDR	i		
CITY - ST - ZIP			64 CITY - ST - ZP	t qualify for the exemption stated in Section	n 119.07(3)(k), Florida Statutes. I further	

14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 comporation. The receiver as 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 comporation. The receiver as supplemental to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 1, or on an attachmost with an address.

SIGNATURE: ...