## √ 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 # J38146

(3)

M. REALTY CORP.

Principal Place of Business 3634 GAVIOTA DRIVE RUSKIN FL 33573 US  2. Principal Place of Business 21 Suite Apt. #. etc. 22 City & State					Mailing Address 3634 GAVIOTA DRIVE RUSKIN FL 33573-6702 US  2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State					3. Date Incorporated or Qualified 10/13/1986  4. FEI Number Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required  6. Election Campaign Financing \$5.00 May Be				
23					28					Trust Fund Contribution		Α	dded t	o Fees
Zip 24	Country 25			29				ountry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name		tered Agent					10. Name and Address of New Registered Agent						
Name and Address of Current Registered Agent  MILLER, MICHAEL								Name	<del></del>		-8	-84114		
3834 GAVIOTA DRIVE								Street 4	Aridres	s (P.O. Box Number is Not Accepta	hle			
RUSKIN FL 33573								50.0017	. 100108	UT C. CON HOMBER IS NOT ACCEPTE	INIOI			
								City			FL	85	Zip (	Code
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, speed or profited name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE														
12.				DIRECTORS 13.				<del></del>	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRE	CTOR	S IN 12	
TITLE	PD			aud e	o Orrestoe DELETE				<u> </u>			☐ CH		Addition
NAME	MILLER,				1			1.2 NAME		,				
STREET ADDRESS	3634 GA		A DRIVE		1.3 9			Adoress						
CITY - ST - ZIP	RUSKIN		. M. TAT.	· · · · ·	A. /			T-ZIP	ļ	<u> </u>		TT 2		
THTLE	DOININ E	7 ( 14 V	CNERNEY M SOI	Journ	renery L J DELETE	2.1 11			M.	chaol I Miller	•	EX C	ange	Addition
NAME STREET ADDRESS	SHITTE 15	E LAS OLAS	2.2 N		ADDRESS	-	34 Gaviota Drīve							
CITY - ST - ZIP			ALE FL 09	いりたびし	C ENO VERO			ADDRESS ST-ZIP		skin Fl 33573	3			
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NAMÉ						3.2 N								
STREET ADDRESS						3.3 S	REET	ADDRESS						
City-S1-ZiP						3.4. C	ITY-S	ST-ZIP						
TiticF					☐ DELETE	4.1 1						Ch	ange	Addition
NAME						4.2 N	AME	ł						
STREET ADORESS						4.3 ST	REET	address						
CITY-ST-ZIP						4.4 CI	TY+S'	Y-21P						
Title					DELETE	5.1 TI	TLE					Ch	ange	Addition

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing 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 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 entrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the corporation or the receiver on trustee empowered appears in Block 12 or Block 13 if changed, or on any attackment with an oddress

5.2 NAME

6.1 TITLE

6.2 NAME

53 STREET ADDRESS

63 STREET ADDRESS

5.4 CiTY-ST-ZiP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7/P

CITY-ST-ZIF

DELETE

Change

Addition

**FILED** 

Apr 11 1997 8:00am

Secretary of State

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