

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanna B. Methman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J48973**

(8)

1. Corporation Name
FOSTER REALTY, INC.



Principal Place of Business
**118 W. ADAMS STREET #3A
P.O. BOX 1200
JACKSONVILLE FL 32201**

Mailing Address
**118 W. ADAMS STREET #3A
P.O. BOX 1200
JACKSONVILLE FL 32201**

2. Fiscal Year of Business
21 State, April 1st
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State, April 1st
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified **12/29/1986**
3a. Date of Last Report **06/21/1995**
4. FEI Number **59-2749500**
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. 190.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

**FOSTER, SCOTT R.
118 W ADAMS 3A
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(4), 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, Sections 607.01(2) and 607.15(4), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1	PST FOSTER, SCOTT R. 118 W. ADAMS STREET #3A JACKSONVILLE FL	<input type="checkbox"/> DELETE
12.2		<input type="checkbox"/> DELETE
12.3		<input type="checkbox"/> DELETE
12.4		<input type="checkbox"/> DELETE
12.5		<input type="checkbox"/> DELETE
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12.26		<input type="checkbox"/> DELETE
12.27		<input type="checkbox"/> DELETE
12.28		<input type="checkbox"/> DELETE
12.29		<input type="checkbox"/> DELETE
12.30		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5	NAME	
13.6	STREET ADDRESS	
13.7	CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9	NAME	
13.10	STREET ADDRESS	
13.11	CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.12	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13	NAME	
13.14	STREET ADDRESS	
13.15	CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.16	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17	NAME	
13.18	STREET ADDRESS	
13.19	CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied in this filing 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 filing and the corporation's annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and the officer or director authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing as an officer or director with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 904-334-1489

CR2E034 (12/95)