

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY 11 AM 0:37

DOCUMENT # **J65128** (7)

1. Corporation Name:
JOHN SEKULA REALTY INC.

Principal Place of Business: **824 W NEW YORK AVE DELAND FL 32720**
Mailing Address: **824 W NEW YORK AVE DELAND FL 32720**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Inc. Organized or Quoted	3a. Date of Last Report
21. State, Apt. # etc.	26. State, Apt. # etc.	03/27/1987	04/22/1994
22. City & State	27. City & State	4. FIC Number	Applied Fee
23. St. County	28. St. County	59-2792621	Not Applicable
24. City	29. City	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. State	30. State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has filed for bankruptcy under 11 U.S.C. Florida Statutes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SEKULA, JOHN 2204 MIMOSA LANE DELAND FL 32724		B1. Name	
		B2. Street Address (P.O. Box Number, Not Applicable)	
		B3. City	
		B4. State	FL
		B5. Zip Code	

11. Pursuant to the provisions of Sections 607.01(5) and 607.01(7) of the 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 607.01(5), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS, IN U.S.	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEKULA, JOHN	1. NAME	
STREET ADDRESS	2204 MIMOSA LANE	1. STREET ADDRESS	
CITY, ST, ZIP	DELAND FL	1. CITY, ST, ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEKULA, JEANETTE	2. NAME	
STREET ADDRESS	2204 MIMOSA LANE	2. STREET ADDRESS	
CITY, ST, ZIP	DELAND FL	2. CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I, the filer, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(5) of the Florida Statutes. I further certify that the information required on the 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 this certificate is a condition of the corporation or filer's agreement to forward this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of the certificate stamped with an attorney's address.

SIGNATURE: *John Sekula* JOHN SEKULA 4/30/95 904-738-2525