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

PROFIT CORPORATION ANNUAL REPORT



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

		1996					
_	_	 					

1. Corporation	MENT # J6539 { REALTY, INC.	5 (2)		
Principal Place	of Business	Mailing Address		
402 43RD ST W BRADENTON FL 34209		402 43RD ST W BRADENTON FL 34209		
				3. Date Incorporated or Qualified
 Principa! Pla 21 	ace of Business	2a. Mailing Address 26		4. FEI Number Applied For 65-0260384 Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State	NAME OF THE PARTY	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for intangible tax under s 199.032, Florida Statutes
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
BOYD, V 402 43R Braden			 81 Name 82 Street 83 84 City 	Address (P.O. Box Number is Not Acceptable)
or registere familiar with SIGNATURE _	o the provisions of Sections 607,0502 ad agent, or both, in the State of Floridin, and accept the obligations of, Section 1997, section of printed name of registered agent a	a. Such change was authorize on 607.0505, Florida Statutes.	s, the above-named or d by the corporation's E-Registered Agent signature	orporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1. 1 TiTLE	☐ Change ☐ Addition
NAME	BOYD, W.H.		1.2 NAME	
STREET ADDRESS	410 43RD ST W, SUITE J BRADENTON FL		4	402 43rd Street West 34209
CITY-ST-ZIP TITLE	STD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	
NAME	BOYD, SUZAN		2 2 NAME	☐ Change ☐ Addition
STREET ADDRESS	410 43RD ST W, SUITE J			402 43rd Street West
CiTY-ST-ZiP	BRADENTON FL		2.4 CITY - ST - ZIP	34209
TITLE		DELETE	3. 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3. STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY - ST - ZIP	
TITLE		☐ DELETE	4 1 TITLE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CHTY-ST-ZIP	
THLE		☐ DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-S1-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CHY-ST-ZIP	
certify that oath; that I	the information indicated on this annua	il report or supplemental annua ation or the receiver or trustee	al report is true and ac empowered to execut	alify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further ocurate and that my signature shall have the same legal effect as if made under te this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (941)746-0004
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