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

DOCUMENT #

1. Corporation Name

(1)

FELBER	REALTY, INC.							
Principal Place o	of Business	Mailing Address			1 (66(8))) En 66(18 1188) 1910, 118.		,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6495 TAYLOR NAPLES FL 33	RD.	6495 TAYLOR RD. Naples FL 33942						
					3. Date Incorporated or Qualified 11/17/1987		e of Last Rep)4/27/199	5
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 65-0016473		No	oplied For ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
2 City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution		Added to 1 bos	
Zip	Country 25	Zip	Country 30		8. This corporation has liability for Florida Statutes Yes	No No		199.032,
41	9. Name and Address of Cur				10. Name and Address of New I	legistered	Agent	
FELBER, NANCY 6495 TAYLOR ROAD SUITE 400				ame reet Addres	dress (P.O. Box Number is Not Acceptable)			
-	FL 33942		84 Ci	ty		FI	85 Zip	Code
tamiliar witi	n, and accept the bullgations of, a synature, typed or printed name of registered in	agent and title if applicable.	(NOTE: Registered Agent sign		tion submits this statement for the put of directors. I hereby accept the application of the put of	DATE		
12.		AND DIRECTORS	13.		ADDITIONS OF PARCES TO ST	100.1071	☐ Change	Addition
TITLE	DPT FELBER, NANCY J	bitten	1.2 NAME	ļ				
NAME OZGA Z ADDDGGG	136 CAJEPUT DR		1.3 STREET ADD	RESS				
STREET ADDRESS CITY-ST-ZIP	NAPLES FL		1.4 CITY- ST-ZI	P				
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NAME			2 2 NAME					
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STREET ADDRESS			3.4 CITY-ST-Z					
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I do hereby certify that the information supplied with 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 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 officet or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE:

3-26-96 941-566-7500 Daylore Prove 1