

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K10715

(6)

1. Corporation Name

EVERMORE REALTY CORPORATION

Principal Place of Business

% LAWRENCE E. FUENTES  
1407 W. BUSCH BOULEVARD  
TAMPA FL 33612

Mailing Address

% LAWRENCE E. FUENTES  
1407 W. BUSCH BOULEVARD  
TAMPA FL 33612



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
01/06/1988

3a. Date of Last Report  
03/01/1995

4. FEI Number

58-1767913

Applied For

Not Applicable

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. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

FUENTES, LAWRENCE E.  
1407 W. BUSCH BOULEVARD  
TAMPA FL 33612

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 of the person who is the registered agent and the person who is the secretary or treasurer of the corporation.

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME CHENG, MEI LING  
12.2 STREET ADDRESS P.O. BOX 640186 OAKLAND GARDEN STATION  
12.3 CITY-STATE-ZIP FLUSHING NY  
12.4 TITLE  
12.5 NAME  
12.6 STREET ADDRESS  
12.7 CITY-STATE-ZIP  
12.8 TITLE  
12.9 NAME  
12.10 STREET ADDRESS  
12.11 CITY-STATE-ZIP  
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12.13 NAME  
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12.91 CITY-STATE-ZIP  
12.92 TITLE  
12.93 NAME  
12.94 STREET ADDRESS  
12.95 CITY-STATE-ZIP  
12.96 TITLE  
12.97 NAME  
12.98 STREET ADDRESS  
12.99 CITY-STATE-ZIP  
12.100 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

14. 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 officer 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 changing, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

PS 3/18/96