FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K17114

(5)

DE VRIES REALTY CO., LIMITED

DE VIIIGO (IEFETT GO.) EIRITED				
rincipal Place of Business	Mailing Address			
16 1/2 N COLUER BLVD	1116 1/2 N COLLIER BLVD			

FILED May 15 1997 8:00am Secretary of State



MARCO ISLAND FL 33937-9547			MARCO ISLAND FL 34145-2547						
							3. Date Incorporated or Qualified 02/24/1988	3s. Date of Last Repo	ort
2. Principal Place of Business			2a. Ma	2a. Mailing Address			4. FEI Number		ed For
21		26	26			65-0037913			
Suite, Apt. #	I, etc.		Sui	te, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Add	ditional
22			27				6. Certificate of Status Desired	Fee Requ	ired
City & State			Cdi	y & State			6. Election Campaign Financing	\$5.00 ма	ау Ве
23	··· ··· ·		28				Trust Fund Contribution	Added to F	
Zip		Country	Zip	•	Coun	lry	8. This corporation has liability for intangible tax under s. 199,032,		
24	25	Address of Curr	[29]		30			Yes □ No	
5000			ent Registere	a Agent		Name	10. Name and Address of New Re	gistered Agent	
	S, DONALD K.]	Name			
2840 GOLDEN GATE PKWY				8	82 Street Address (P.O. Box Number is Not Acceptable)				
STE 315				ŀ.					
NAPL	ES FL 33941				\colone{\col	13			
					8	34 City	NAME OF THE PARTY	FL 85 Zip Cod	de
11. Pursuant to	the provisions	of Sections 607.05	502 and 607.1	508, Florida Statu	utes, the abo	ve-named cor	poration submits this statement for the p	urpose of observing its r	egistered
i office or re	iaistered agent.	or both, in the Sta and accept the obli	te of Florida, S	Such change was	: authorized	by the cornora	tion's board of directors. I hereby accep	t the appointment as reg	gistored
SIGNATURE									
12.	ilgnature, typod or prid	of the control of the	gent and tille it app ND DIRECTOR			Agent signature requ	iced when reinstating)	DATE	
TITLE	D	OFFICEROA	IND DINECTO	DITELE	13.		ADDITIONS/CHANGES TO OFFIC		N 12 Addition
NAME	DE VRIES, E	WOLIT BLIK		orecit	1.2 NAM			change [ADDITION
STREET ADDRESS		COLLIER BLVD				ET ADDRESS			[
CITY-ST-ZIP	MARCO ISLA					•			
TITLE	1111100 1001			DELETE	2.1 1111	-ST-7IP		☐ Change I	Addition
NAME					2.2 NAM	1		□ Onlange E	
STREET ADDRESS						ET ADDRESS			
CITY-ST-ZIP						7 · ST - ZIP			
TITLE				DELETE	3.1 UTL			Change	Addition
NAME					3.2 NAM			L_1 ondings _	
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CITY-SY-ZIP						(-ST-7IP			
TITLE		· · · · · · · · · · · · · · · · · · ·		DELETE	4 1 1 1 1 1			Change	Addition
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STREET ADDRESS					4.3 S18F	ET ADDRESS			
CITY-ST-ZIP						- ST - ZIP			
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NAME					5.2 NAM	E			
STREET ADDRESS					1	ET ADDRESS			
CITY-ST-ZIP						- SI - ZIP			
TITLE				DELFTE	6.1 TITLE			Change	Addition
NAME					6.2 NAM	£		, -	
STREET ADDRESS					6.3 STRE	ET ADDRESS			
CITY-ST-ZIP					6.4 CH Y	- \$1 - ZIP			
14. I do hereby	certify that the	information suppli	ed with this fill	ing does not qual	lify for the ex	xemption state	d in Section 119 07(3)(i), Florida Statutes	. I further certify that the	

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). 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 changed, or or an attachment with in address.