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 # K28285

(0)

FLORIDA	WEST COAST REALTY	, INC.				
Principal Place	e of Business	Mailing Address				TUTOR ONDIA ORBIT BROLD EI BID ONDIR HOOL
3220 TOWHEE ST 3220 TOWHEE ST ENGLEWOOD FL 34224 ENGLEWOOD FL 34		3220 TOWHEE ST ENGLEWOOD FL 34224-9029	1-9029			
					3. Date incorporated or Qualified 07/07/1988	3a. Date of Last Report 03/07/1996
_	hace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	#. etc	26 Suite, Apt. #, etc.			65-0062551	Not Applicable \$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Z _I p	Country		Trust Fund Contribution This corporation has liability for	7,0000 10 1000
24	25 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	
	9. Name and Address of Co	irrent Registered Agent			10. Name and Address of New Re	gistered Agent
	IRO, DIANA B.		81	Name		•
) towhee st Lewood Fl 34224		82	Street Addr	ess (P.O. Box Number is Not Acceptab	ile)
EITO	LEHOOD FL 34264		83			
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida Statute	is, the above	-named corp	poration submits this statement for the p	
office or a agent I a SIGNATURE	Minne B.	Schuse Presing	257	*******	poration submits this statement for the pilon's board of directors. I hereby acception's	2-15-97
12.		ed agent and tile if applicable (NOTE S AND DIRECTORS	13.	nt signature requir	ed when reinslating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	DPV DELETE		1.1 TITLE			☐ Change ☐ Addition
NAME	SCHIRO, DIANA B.	•	1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS	3220 TOWHEE ST					
CITY-ST-ZIP	ENGLEWOOD FL	DELETE	1.4 City-St-ZiP 2.1 Title			Change Addition
TITLE NAME		22				
STREET ADDRESS	•		2.3 STREET	ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP			
TOTLE	DELETE 31		31 TITLE			Change Addition
NAME			32 NAME	ļ.		
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP TITLE			3.4, CITY - \$ 4.1 FITLE	ii-ZiP		Change Addition
NAME			4. 2 NAME	ļ		
STREET ADORESS			4.3 STREET	ADDRESS		
CITY-S1-ZIP			4.4 CITY-S	T- 71P		
TITLE			5.1 TITLE			Change Addition
NAME DIRECT LODGECO			5.2 NAME	*DODECC		
STREET ADDRESS			5.3 STREET 5.4 CITY - S			
CHTY-ST-ZIP TITLE		DELETE	6.1 TITLE	1-44		Change Addition
NAME		_	6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

14. 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 if 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 on an attachagent with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 21 1997 8:00am

Secretary of State