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

101

1. Corporation	MENT # K3402 EALTY CORP.	8 (6)			
Principa' Plac	e of Business	Mailing Address		E ARDIOINI ABB SIIFE DIOII ABIITE AIDON IDII O	140) 4100 B1811 01011 11611 01011 1001
1301 SEMINOLE BLVD SUITE 106 LARGO FL 34640 US		1301 SEMINOLE BLVD SUITE 105 LARGO FL 33770-8118			
		U\$		 Date Incorporated or Qualified 09/26/1988 	3a. Date of Last Report 02/09/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2911133	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e 	City & State	·	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24 33//4	25 9. Name and Address of Cu	29	[30]	Florida Statutes 10. Name and Address of New Re	Yes No
LOCI		rrent negistered Agent	81 Name	IV. Name and Address of New Ne	Alatolog Wholit
LOEFFLER, KARL					
1301 SEMINOLE BLVD SUITE 105			82 Street Ad	idress (P.O. Box Number is Not Acceptab	le)
	30 FL 34640		83		
L. C. C.	JO 1 L 01010				
			84 City		FL 85 Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the S im familiar with, and accept the of Signature apod or printed name of registers	tate of Florida. Such change was obligations of, Section 607.0505, Florida agent and title if applicable (NO)	authorized by the corpo- orida Statutes. E: Registered Agent signature re	orporation submits this statement for the pration's board of directors. I hereby acception of the properties of the prop	of the appointment as registered
12.	D	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
THE	LOEFFLER, KARL	occere	1.2 NAME		C outside C vestion
NAME OTOTET ADEDGES	109 SHORE DR.		1.3 STREET ADDRESS		
STREET ADDRESS	DUNEDIN FL		1.4 CITY-ST-ZIP		
CFTY+ST+7/P TIFLE	DOILDRITE	DELETE	2.1 TITLE	22.22.	Change Addition
NAME		— -	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2. 4 CITY-\$T-ZIP		
TIFLF		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIF			3.4. CłTY-ST-ZIP		
TPLE		☐ DELETE	4.1 TIFLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 SYREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		A
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST ZIP			5.4 CITY - ST - ZIP		

6.4 CITY - ST - ZIP CHY-\$1-26 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 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 on an attachment with an address.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADORESS

VIHI KAN LOSTELEX

DELETE

813-559-0026

Change

Addition

FILED

Apr 23 1997 8:00am

Secretary of State