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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Mar 06 1998 8:00am
Secretary of State

	1998	DIVISION OF C	ONFORATIONS		
1. Corporation	MENT # K36902 TRY REAL ESTATE, INC.	2 (0)			
1				H TORRESHEN BOOK HEAD HIND BOOK HAND BOOK BOOK BOOK BOOK	NAN ANDI DIBI ANDI IDDI
Principal Plac	e of Business	Mailing Address			11811 Q1811 Q1811 Q1411 1881
7045 US HWY		7045 US HWY 301 SO			
RIVERVIEW F	L 33569	RIVERVIEW FL 33569		DO NOT WRITE IN THIS S	PACE
ſ				3. Date Incorporated or Qualified	
	· 			10/06/1988	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-2914700	Not Applicable
22	#, 6 10.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	θ	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	ent year Intangible
24	25		30		Yes No
	Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered A	gent
	L, MARY H			MICH ENGEL	
3420 KEYSVILLE RD B2 Street Address				Address (P.O. Box Number is Not Acceptable)	
LITHIA FL 33547				2. 22.2	6
		SIVERUIA PC 3356	0 1		
			84 CW	Werein Fl. FL	85 Zin Code 33 5 C 9
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the apporation's	changing its registered
agent. I a	m familiar with, and accept the obliga	lions 1, Section 607.0505, Flo	rida Statutes.	poration's board of directors. Thereby accept the appo	and note as registered
SIGNATURE	licre Eng				
12.	Signature, typed or printed name of registered age. OFFICERS AND		Registered Agent signature	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	X DELETE	1.1 TITLE		Change Addition
NAME	GILL, MARY H		1.2 NAME	Vicki Engel	•
STREET ADDRESS	3420 KEYSVILLE RD		1.3 STREET ADDRESS	Vicki Engel 10920 Park DR.	
CITY-ST-ZIP	LITHIA FL 33547		1.4 CITY-ST-ZIP	Riverview, F1 33569	
TITLE	VTD	≥ DELETE	2.1 TITLE		Change Addition
NAME	SIKES, FLORENCE		2.2 NAME		
STREET ADDRESS	8844 BUSS RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	GIBSONTON FL 33534	DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DETEK	31 TITLE		T cuande T wooddon
NAME Street address			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	-	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	30000245002	Change Addition
NAME			5.2 NAME	-03/09/980101103	
STREET ADDRESS			5.3 STREET ADDRESS	-U3/U3/36V19/1U3 ***150.00	٠
CITY-ST-ZIP		Ariett	5.4 CITY - ST - ZIP		Ohana Daddii
TITLE		DELETE	6.1 TITLE	ļ	Change Addition
NAME			6.2 NAME		2 8

14. I 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 suppliemental 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.

SIGNATURE.

CITY-ST-ZIP

2/24/98

813-677-7883