

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 # K42136 (7)

1. Corporation Name
NATIVE REALTY, INC.



Principal Place of Business Mailing Address
227 WEST NEW ENGLAND AVE.
WINTER PARK FL 32789
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WINTER PARK FL 32789~~

3. Date Incorporated or Qualified 10/31/1988
3a. Date of Last Report 05/22/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	4. FEI Number 59-2918566 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
21 22 23 24	26 27 28 29	
21 22 23 24	26 27 28 29	
21 22 23 24	26 27 28 29	

9. Name and Address of Current Registered Agent

COGAN, CHRISTOPHER G.
227 WEST NEW ENGLAND AVE.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name CHRISTOPHER G. COGAN
82 Street Address (P.O. Box Number is Not Acceptable) 1100 S. ORLANDO AVE. #602
83 MAITLAND, FL
84 City
85 Zip Code FL 32751

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4.11.96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	V.P.
NAME	COGAN, CARROLL F.	1.2 NAME	COGAN, CARROLL F.
STREET ADDRESS	3001 HAYFIELD DR.	1.3 STREET ADDRESS	3001 HAYFIELD DR.
CITY-ST-ZIP	LOUISVILLE KY 40205	1.4 CITY-ST-ZIP	LOUISVILLE, KY. 40205
TITLE	ST	2.1 TITLE	
NAME	COGAN, DORIS M.	2.2 NAME	
STREET ADDRESS	3001 HAYFIELD DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40205	2.4 CITY-ST-ZIP	
TITLE	C	3.1 TITLE	C.P.
NAME	COGAN, CHRISTOPHER G.	3.2 NAME	COGAN, CHRISTOPHER G.
STREET ADDRESS	1100 SOUTH ORLANDO AVE., STE. 602	3.3 STREET ADDRESS	1100 S. ORLANDO AVE., STE. 602
CITY-ST-ZIP	MAITLAND FL 32751	3.4 CITY-ST-ZIP	MAITLAND, FL 32751
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 changed, or if newly appointed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone

CHAIR

4.11.96

(407)

CR2E034 (12/95)