

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

FILED

Feb 18 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | 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
**227 WEST NEW ENGLAND AVE.
WINTER PARK FL 32789**

Mailing Address
**1100 S. ORLANDO AVENUE
SUITE 802
MAITLAND FL 32751-6465
US**



| | | | | | | | |
|----------------------------------|--|----------------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/31/1988 | | 3a. Date of Last Report 04/19/1996 | |
| 21 696 N. MAITLAND AVE | | 26 696 N. MAITLAND AVE | | 4. FEI Number 59-2918566 | | Applied For Not Applicable | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 MAITLAND, FL. | | 28 MAITLAND, FL. | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 32751 25 ORANGE | | 29 32751 30 ORANGE | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

**COGAN, CHRISTOPHER G.
1100 SOUTH ORLANDO AVENUE
SUITE 802
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81 Name **COGAN, CHRISTOPHER G.**
82 Street Address (P.O. Box Number is Not Acceptable)
696 N. MAITLAND AVE.
83
84 City **MAITLAND** FL 85 Zip Code **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 of record 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 reinstating)

DATE

[Signature]
PRES.
1.15.97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | VP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COGAN, CARROLL F. | 1.2 NAME | |
| STREET ADDRESS | 3001 HAYFIELD DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LOUISVILLE KY | 1.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | CP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COGAN, CHRISTOPHER G. | 3.2 NAME | |
| STREET ADDRESS | 1100 SOUTH ORLANDO AVE., STE. 802 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MAITLAND FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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 at the time of filing 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 of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.15.97 (407) 629.5097

Date Daytime Phone #

CR2E034 (9/96)