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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K56969 THE PRODUCERS REALTY, INC.

(4)

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State

17838 DAVENPO WINTER GARDE US		17838 DAVENPORT RI WINTER GARDEN FL : US			
				 Date Incorporated or Qualified 01/10/1989 	3a. Date of Last Report 05/01/1996
2. Principal fi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3156649	Not Applicable
Suite, Apt		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30		Yes 🔼 No
	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Re	gistered Agent
	irtakis, valerie		81 Name		
	38 DAVENPORT ROAD TER GARDEN FL 34787			dress (P.O. Box Number is Not Acceptab	le)
			83		
			84 City		FL 85 Zip Code
office or re	egistered agent, or both, in the	7.0502 and 607.1508, Florida S State of Florida Such change v obligations of, Section 607.0508	vas authorized by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registo		(NOTE: Registered Agent signature req		DATE
12.	DP	S AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TILLE	KOURTAKIS, VALERIE				Change Chadulan
NAME OTHER TARRESTOR	17838 DAVENPORT RD		1.2 NAME		:
STREET ADORESS	WINTER GARDEN FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME		C DEKETE	2.2 NAME		L. Orange L. Noomon
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-ST-ZIE Title		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME		J. Jestile	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-SI-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE			Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-S1-ZIF			4.4 CITY-ST-ZIP		
TOLE		DELETE			Change Addition
NAME		. •	52 NAME		-
\$TREET ADDRESS			5.3 STREET ADDRESS		
CHY-SI-ZIF			5.4 City-St-Zip		
TITLE		DELETE			Change Addition
NAME			62 NAME		-
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - \$1 - 21P			64 CiTY-ST-ZIP		

14. Ido 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 attacherent with a safety. appears in Block 12 or Block 13 if change

SIGNATURE: