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

DOCUMENT # K79551

SIGNATURE:

(3)

PADRON'S REALTY, INC.

Principal Place of Business

10519-I SPRING HILL DR.

Mailing Address

P. O. BOX 5157

Feb 24 1997 8:00am Secretary of State

Daytime Phone #

Date

FILED



SPRING HILL FL 34608			SPRING HILL FL 34611-0157				1.									
								3.	Date Inco 04/12/19	•	or Qual	lified	3a. Dat			port
2. Principal Place of Business				2a. Mailing Address					FEI Numb	•					App	olied For
21 10525 Spring Hill Dr.				26 10525 Spring Hill Dr.					59-294	<u>5792</u>	59	<u>-29</u>	45791			Applicable
Surte, Apt. #, etc.				Suite, Apt. #, etc.			5.	. Certificate	of Statu	ıs Desire	∍d				dditional quired	
City & State				City & State					. Election C	ampaigr	n Financ	ing	·····	\$5	.00	May Be
23 Spri	ng HIl	HIll, Fl 28 Spring H:			Hill				Trust Fund	d Contrib	oution					Fees
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₂₄ 3460				34608	30	U, E	A.		Florida St		4 41		Yes _			
040		nd Address of Current	Hegist	erea Agent		81	Name	עו	. Name an	a Adare	BE OT N	ew Hes	istered A	gent		
PADRON, DAVID L																
2288 EVENGLOW SPRING HILL FL 34609					B2 Street Addr			dress (I	P.O. Box No	umber is	Not Acc	ceptabl	e)			
SERI	ING FILL FL	34009				83	 					······				
						"	1	_								
						84	City						FL	85	Zip C	ode
11. Pursuarit t	to the provisio	ris of Sections 607.0502	and 60	7 1508 Florida S	tatutes th	ne abov	e-named co	rporatio	on submits t	this state	ment fo	the D		chanci	ina lts	registered
office or re agent 1 ar	edistered age	rit, or both, in the State on, and accept the obligat	d Florida	a. Such change v	vas autho	rized b	v the coroors	ation's	board of dir	rectors. I	hereby	accep	t the appo	intmer	nt as r	egistered
SIGNATURE	Signature, typical o	printed name of registered agent	and title if	f applicable	(NOTE: Reg	istered Ag	jent signature req	uired who	n reinstating)				DATE			······································
12.		OFFICERS AND				13.			ADDITIONS	S/CHANC	SES TO	OFFIC	ERS AND	DIREC	TOR	3 IN 12
TIFLE	P			DELETE		1.1 TITLE								Cha	nge	Addition
NAME	PADRON,					1.2 NAME	ŀ									
STREET ADDRESS 2288 EVENGLOW					l	1.3 STREE	T ADDRESS									
City-St-ZiP		ILL FL 34609				1.4 CiTY-	ST-ZIP									
TPTLE	V			L DELETE		2.1 TITLE							I	Cha	inge	☐ Addition
NAME		LAWRENCE				2.2 NAME	ŀ									
STREET ADDRESS	2288 EVEN					2.3 STREE	T ADDRESS									
CITY-ST-7IP		ILL FL 34609				2. 4 CITY-	ST-ZIP									
7171.6	ST	DODELLADV		☐ DELETE		3.1 TITLE							ı	Cha	inge	Addition
NAM:		ROSEMARY				3.2 NAME										
STREET ADDRESS	2288 EVEN	ILL FL 34609					T ADDRESS									
CITY - S1 - ZIP	orning n	ILL FL 34009		DELETE		34 CITY-	ST-ZIP					**********		Cha		Addition
FITLE				LJ DELETE		4.1 TITLE							,	GIR	ពក្មេជ	FIII VOUIDII
NAME PROFEE ADODGED						4 2 NAME	T ADDRESS									
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STREET ADDRESS							T ADDRESS									
CITY-ST-ZiP					•	5.4 CHTY-										
Talf				DELETE		6.1 TITLE								Cha	age	Addition
NAME						6.2 NAME										
STREET ADORESS						6.3 STREE	I ADDRESS									
CITY-ST-ZIP			A	_		6.4 CITY-	i									
14. I do hereb	y certify that	the information supplied	with thi	s filing does not	qualify for	the ex	emption state	ed in S	ection 119.0	07(3)(i). F	Florida S	statutes	. I further	certify	that t	he
Lam an of	flicer or direct	n this annual report of su for of the corporation or to Block 13 if that yed or	he rece	rver or trusted en	npowered	to exe	cute this rep	ortasi	required by	Chapler	607, Fk	orida St	tatutes; an	ii mad id that	my n	er bain; inat ame