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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

SIGNATURE: \_\_\_



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 06 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # K88291** 

(5)

BUY GEORGE REALTY, INC.

Principal Place of Business Mailing Address 1500 \$ MCCALL ROAD 1500 S MCCALL ROAD **ENGLEWOOD FL 34223** ENGLEWOOD FL 34223-4846 3. Date incorporated or Qualified 3a. Date of Last Report 05/15/1989 02/06/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0119745 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio  $Z_{1D}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes 🔲 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GEORGE, HENRY W. 1500 \$ MCCALL ROAD 62 Street Address (P.O. Box Number is Not Acceptable) **ENGLEWOOD FL 34223** 63 64 City Zip Code 85 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 rainle of registered agent and title if apolicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change Addition TITLE 1.1 TITLE GEORGE, HENRY W NAME 12 NAME 9073 EVELYN RD STREET ADDRESS 1.3 STREET ADDRESS **ENGLEWOOD FL** CITY - ST - ZIP 14 CITY-SY-ZIP DELETE TITLE 21 TITLE Change Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZP DELETE TITLE 31 TITLE Change Addition NAME 32 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY - ST - ZIP 34. CITY-ST-ZIP DELETE TITLE 41 THILE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-S1-7IP 5.4 CITY+ST-ZIP DELETE TILLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrival report or supplemental unual 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 of frestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICE