

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. McPham  
Secretary of State  
DIVISION OF CORPORATIONS

1996 3-26-96 B-2709

DOCUMENT # **K91617**  
1. Corporation Name  
**COLEMAN CONNECTION REALTY, INC.**

(6) C



Principal Place of Business  
**% GERTRUDE M COLEMAN  
1701 RICKENBACKER DR.  
SUN CITY CENTER FL 33573**

Mailing Address  
**% GERTRUDE M. COLEMAN  
1701 RICKENBACKER DR.  
SUN CITY CENTER FL 33573**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified <b>05/30/1989</b>	3a. Date of Last Report <b>01/26/1995</b>
4. FEIN Number <b>80-6964040</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**COLEMAN, GERTRUDE M.  
2006 CHICORY LANE  
SUN CITY CENTER FL 33573**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
D	COLEMAN, GERTRUDE M. 2006 CHICORY LANE SUN CITY CENTER FL	<input type="checkbox"/> DELETE	
	DSV	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	PARKER, BEVERLY K. 1619 COSTA STREET SUN CITY CENTER FL	<input type="checkbox"/> DELETE	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 on an attachment with an address.

SIGNATURE: *Gertrude M. Coleman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GERTRUDE M. COLEMAN**

March 21, 1996

CR2E034 (12/95)