

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K93703** (2)
1. Corporation Name
EXECUTIVE ESTATES, INC.



Principal Place of Business: % DONNA DRESSLER, 110 DIXIE LANE, COCOA BEACH FL 32931
Mailing Address: % DONNA DRESSLER, 110 DIXIE LANE, COCOA BEACH FL 32931

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-labels for Suite, Apt. #, etc; City & State; Zip; Country.

3. Date Incorporated or Qualified: 06/07/1989
3a. Date of Last Report: 06/27/1995
4. FEI Number: 11-2973844
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

DRESSLER, DONNA
110 DIXIE LANE
COCOA BEACH FL 32931

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

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0606, Florida Statutes.

SIGNATURE

Signature taken from the record of the Secretary of State

Signature taken from the record of the Secretary of State

CA 1

12. OFFICERS AND DIRECTORS
1. TITLE: PSTD
NAME: CAREY, RICHARD J.
STREET ADDRESS: ~~1044 NORTHERN BLVD~~
CITY-STATE-ZIP: ~~ROSLYN NY~~
[DELETE]
2. TITLE: [DELETE]
NAME: [DELETE]
STREET ADDRESS: [DELETE]
CITY-STATE-ZIP: [DELETE]
3. TITLE: [DELETE]
NAME: [DELETE]
STREET ADDRESS: [DELETE]
CITY-STATE-ZIP: [DELETE]
4. TITLE: [DELETE]
NAME: [DELETE]
STREET ADDRESS: [DELETE]
CITY-STATE-ZIP: [DELETE]
5. TITLE: [DELETE]
NAME: [DELETE]
STREET ADDRESS: [DELETE]
CITY-STATE-ZIP: [DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: [CHANGE] [ADDITION]
1.2 NAME: [CHANGE] [ADDITION]
1.3 STREET ADDRESS: 110 Dixie Lane
1.4 CITY-STATE-ZIP: Cocoa Beach, FL 32931
2.1 TITLE: [CHANGE] [ADDITION]
2.2 NAME: [CHANGE] [ADDITION]
2.3 STREET ADDRESS: [CHANGE] [ADDITION]
2.4 CITY-STATE-ZIP: [CHANGE] [ADDITION]
3.1 TITLE: [CHANGE] [ADDITION]
3.2 NAME: [CHANGE] [ADDITION]
3.3 STREET ADDRESS: [CHANGE] [ADDITION]
3.4 CITY-STATE-ZIP: [CHANGE] [ADDITION]
4.1 TITLE: [CHANGE] [ADDITION]
4.2 NAME: [CHANGE] [ADDITION]
4.3 STREET ADDRESS: [CHANGE] [ADDITION]
4.4 CITY-STATE-ZIP: [CHANGE] [ADDITION]
5.1 TITLE: [CHANGE] [ADDITION]
5.2 NAME: [CHANGE] [ADDITION]
5.3 STREET ADDRESS: [CHANGE] [ADDITION]
5.4 CITY-STATE-ZIP: [CHANGE] [ADDITION]
6.1 TITLE: [CHANGE] [ADDITION]
6.2 NAME: [CHANGE] [ADDITION]
6.3 STREET ADDRESS: [CHANGE] [ADDITION]
6.4 CITY-STATE-ZIP: [CHANGE] [ADDITION]

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(g), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 recorder 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 changes, or on an attachment with an address.

SIGNATURE: *Richard Carey Pres* 3/2/96 (407) 783-2715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)