

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

FILED  
May 12 1997 8:00am  
Jl Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L10322** (0)  
1. Corporation Name  
**JAMES I. MONTGOMERY REALTY, INC.**



Principal Place of Business <b>525 EAST OLYMPIA AVENUE SUITE #1 PUNTA GORDA FL 33950 US</b>	Mailing Address <b>525 EAST OLYPIA AVENUE SUITE #1 PUNTA GORDA FL 33950-3861 US</b>
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2. Principal Place of Business 21 <b>525 East Olympia Ave.</b> Suite, Apt. #, etc. 22 <b>Suite 7</b> City & State 23 <b>Punta Gorda, FL</b> Zip 24 <b>33950</b> Country <b>US</b>	2a. Mailing Address 26 <b>525 East Olympia Ave.</b> Suite, Apt. #, etc. 27 <b>Suite 7</b> City & State 28 <b>Punta Gorda, FL</b> Zip 29 <b>33950</b> Country <b>US</b>
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3. Date Incorporated or Qualified <b>08/21/1989</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>65-0215160</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

MONTGOMERY, JAMES I.  
525 EAST OLYMPIA AVENUE  
SUITE #1  
PUNTA GORDA FL 33950

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 607.0505, Florida Statutes.

SIGNATURE **James I. Montgomery** President

DATE **4/28/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>MONTGOMERY, JAMES I.</b>	
STREET ADDRESS	<b>525 EAST OLYMPIA AVENUE SUITE #1</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MONTGOMERY, JAMES I.</b>	
STREET ADDRESS	<b>525 EAST OLYPIA AVENUE SUITE #1</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 attachment with an address.

SIGNATURE: **James I. Montgomery** President

DATE **4/28/97**

941-575-2400

CR2E034 (9/96)