

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 MAY -1 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001481161

-05/09/95--01107--001

****600.00 200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # L37018 (3)

1. Corporation Name

F.G.I. REAL ESTATE, INC.

Principal Place of Business

%MANFRED E. SCHATZ
1140 LEE BLVD., STE. 104
LEHIGH ACRES FL 33906-4800

Mailing Address

%MANFRED E. SCHATZ
1140 LEE BLVD., STE. 104
LEHIGH ACRES FL 33906-4800

3. Date Incorporated or Qualified

12/18/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0174299

Applied For

Not Applicable

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. 190.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

County

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

County

30

9. Name and Address of Current Registered Agent

MANFRED E. SCHATZ
1140 LEE BLVD. STE. 104 103
1140 LEE BLVD., STE. 104 103
LEHIGH ACRES FL

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

(Signature of Registered Agent or Registered Agent and the Corporation)

(Signature of Registered Agent or Registered Agent and the Corporation)

(Signature)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PVS	SCHATZ, MANFRED E.	1140 LEE BLVD #104 103	LEHIGH ACRES FL
TD	SCHATZ, MANFRED E.	1140 LEE BLVD #104 103	LEHIGH ACRES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
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				☐	☐
				☐	☐

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 130.107(3)(b), 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 make 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:

Man Schatz, Manfred
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

Date

Expire Date