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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L46417** **(6)**

1. Corporation Name

CENTRAL FLORIDA H.A.N.D.S. REALTY, INC.

Principal Place of Business	Mailing Address
2211 E. HILLCREST STREET ~~496 S. DELANEY AVENUE, STE 402B.~~ delete ORLANDO FL 32803 US	2211 E. HILLCREST STREET ~~496 S. DELANEY AVENUE, STE 402B.~~ delete ORLANDO FL 32803 US

3. Date Incorporated or Qualified: 01/25/1990
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21 2211 East Hillcrest St.
Suite, Apt. #, etc. 22
City & State 23 Orlando, FL
Zip 24 32803 Country 25 USA

2a. Mailing Address
26 2211 East Hillcrest St.
Suite, Apt. #, etc. 27
City & State 28 Orlando, FL
Zip 29 32803 Country 30 USA

4. FEI Number: 59-3051873 ☐ 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 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHITWOOD, STEVEN L.
3204 AMHERST STREET
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1000 North Douglas #119
83 Altamonte Springs, FL
84 City Altamonte Springs FL 85 Zip Code 32714

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 _____ 04-05-96
Signature, typed or printed, of New Registered Agent (if required, see instructions) DATE

Steve Chitwood

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOGT, PETE 5850 HANSEL AVE ORLANDO FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Thomas Tompkins 1731 Boggy Creek Road Kissimmee FL 34747	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ANSLEY, BOB 455 S ORANGE AVE ORLANDO FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Evett M Francis 3170 Golden View Lane Orlando FL 32812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GONZALEZ, ERNESTO 108 N WYMORE ROAD WINTER PARK FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DYE, A. RICHARD 861 DOUGLAS AVENUE ALTAMONTE SPRGS FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHITWOOD, STEVEN 3204 AMHERST ORLANDO FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: _____ 4-05-96 407-896-0805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Steven Chitwood