

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L54612 (1)**

1. Corporation Name

FLORIDA REAL ESTATE GROUP, INC.



Principal Place of Business

Mailing Address

**4996 PALM COAST PKWY NW
STE 1
PALM COAST FL 32137
US**

**PO BOX 350815
(PO BOX 353460, PALM COAST, FL 32135-3460)
PALM COAST FL 32135-0815
US**

3. Date Incorporated or Qualified
03/01/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **26 PO BOX 350815**

22 City & State **27 Suite #.1**

23 Zip **28 Palm Coast, Florida**

24 Country **29 32135-0815 30 Flagler**

4. FEI Number
59-3021650

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

10. Name and Address of New Registered Agent

**MACHIN, MICHAEL G
129 BARRINGTON DR.
PALM COAST FL 32317**

81 Name **Jose S. Barra**
82 Street Address (P.O. Box Number is Not Acceptable)
1 Buffalo Bill Drive
83
84 City **Palm Coast** **FL** 85 Zip Code **32137**

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	MACHIN, MICHAEL G.	
STREET ADDRESS	129 BARRINGTON DR	
CITY-STATE-ZIP	PALM COAST FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, ALEX W., JR.	
STREET ADDRESS	131 BARRINGTON DR	
CITY-STATE-ZIP	PALM COAST FL	
TITLE	PDT	<input checked="" type="checkbox"/> DELETE
NAME	TERRY, LEONARD	
STREET ADDRESS	9 WHITCOCK LANE	
CITY-STATE-ZIP	PALM CST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jose S. Barra	
1.3 STREET ADDRESS	1 Buffalo Bill Drive	
1.4 CITY-STATE-ZIP	Palm Coast, Florida, 32137	
2.1 TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mary-Lou Barra	
2.3 STREET ADDRESS	1 Buffalo Bill Drive	
2.4 CITY-STATE-ZIP	Palm Coast, Florida, 32137	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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: **Jose S. Barra**

Date **2/2/96** Daytime Phone **904-446-3530**

CR2E034 (12/95)