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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

	1996		DIVISION C	DE CORPO	RATI	ONS					
DOCUI	MENT # LO	64876	(0)								
	DRATE AMERICA I	REAL ESTATE.	INC.								
Principal Place	of Business	ailing Address	ling Address								
219 SOUTH &	BRADFORD STREET		219 SOUTH BRADFORD STREET								
US	8009		i ampa fl 3360 9 JS								
							3. Date Incorporated 04/10/1990	or Qualified		te of Last 10/18/19	
—	ace of Business	h	2a. Mailing Address			4. FEI Number		<u> </u>		Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				59-3016977		···	60.7	Not Applicable
22			27				5. Certificate of Status	s Desired			5 Additional Required
City & State			City & State			Election Campaign Trust Fund Contrib	-			00 May Be	
Zip	Country		†······		Country		8. This corporation ha				led to Fees
24	25	[29]		30	-T	··	Florida Statutes	Yes	No.		
	9. Name and Addre	ss of Current Hegis	tered Agent		81	Name	10. Name and Addre	ss of New F	Registered	1 Agent	
LUCAS, STEPHEN J.					82						
219 SOUTH BRADFORD STREET						Street Ad	ddress (P.O. Box Number is N	lot Acceptat	ole)		
TAMPA F	-L 33609				83						
					84	1					Zip Code
11. Pursuant to or registere	o the provisions of Section ed agent, or both, in the	ons 607.0502 and 601 State of Florida, Such	7.1508, Florida Statu change was author	ites, the ab	OVE-I	named corp	poration submits this statement pard of directors. I hereby acc	nt for the pu	rpose of c	nanging its	registered office
TOTALISM THE	h, and accept the obligat	tions of, Section 607.0	0505, Florida Statuto	DS.	согр	ioralion's Di	oard or directors. Thereby acc	ept the app	ointment a	is registere	id agent. I am
SIGNATURE _	Signature, typed or printed name of	of registered agent and little 4 a	ppicable (N	CHE Registere	d Ager	nt signature rece	uired when reinstating)	. .	DATE		
12.		FFICERS AND DIFIEC	TORS	13.			ADDITIONS/CHANG	SES TO OFF		D DIRECT	ORS IN 12
TITLE NAME	PD LUCAS, STEPHEN	1	□ DELETE		1. 1 TITLE					Crange	Add tion
STREET ADDRESS	219 SOUTH BRAD				AME TOCCT	ADDRESS					
CITY-SI-ZIP	TAMPA FL 33609				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP						
TITLE			DELETE		TITLE	-				Change	Addition
NAME				221	IAME					_	_
STREET ADDRESS				235	THEET	ADDRESS					
TITLE			E Den e Tr		/TY-S	1-7iP					
NAME			DELETE	3 1						Change	Addition
STREET ADDRESS				321		ADDRESS :					
CITY-ST-ZIP					ITY-S	ì					
TITLE			DELETE	4. 1 1				····		Change	Addition
NAME				4.2 N	AME						L
STREET ADDRESS				4.3 S	1REE1	ADDRESS					
CITY-ST-ZIP				4.4 0	11 Y - S	1 - ZIP					
TITLE			DELETE	5 1 1						Change	Addition
NAME STREET ADDRESS				52 N		ADDDCCC					
CITY-ST-ZIP						ADDRESS F. 7/P					
TITLE			DELETE	6 1 1	ITY-S ITLE					Change	Addition
NAME				62 N							
STREET ADDRESS				63S	TREET	ADDRESS					
CITY-S1-ZiP				64C	ITY-S	T-ZIP					
oath: that I		of the percention or	or supplemental and	nua: report i			of for the exemption stated in the form of that my signature shall find that find the form of the form				

SIGNATURE:

ATTIMULA THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 813-870-1334