FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -6 AM 6:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L70473** **(8)**

1. Corporation Name
T.M. REALTY, INC.

Principal Place of Business	Mailing Address
5890 S SEMORAN BLVD ORLANDO FL 32822	5890 S SEMORAN BLVD ORLANDO FL 32822

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1990
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3009049	☐ Applied For ☐ Not Applicable
21	26 1400 E. Newport Center		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Dr. Suite 209	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28 Deerfield Beach, Fl	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 33442 / Country 30 USA	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
KAY, JAMES R. 2000 PALM BCH. LAKES BLVD. SUITE 900 W. PALM BCH FL 33409	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE
(Signature, typed or printed name of Registered Agent, and title if applicable) (NOTE: Registered Agent's signature required when withdrawing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	REIBLING, LORENZ	12 NAME	
STREET ADDRESS	1350 E. NEWPORT CENTER DR. #206	13 STREET ADDRESS	1400 E. Newport Center Dr. #209
CITY ST ZIP	DEERFIELD BEACH FL	14 CITY ST ZIP	
TITLE	DVST	21 TITLE	☒ Change ☐ Addition
NAME	REIBLING, GUENTHER	22 NAME	
STREET ADDRESS	1350 E. NEWPORT CENTER DR. #206	23 STREET ADDRESS	1400 E. Newport Center Dr. #209
CITY ST ZIP	DEERFIELD BEACH FL 33442	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST 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)(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: Lorenz Reibling 3-23-95 305-428-8585
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0002741 CR