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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L70473

(8)

FILED Mar 19 1997 8:00am Secretary of State

1. Corporation Name T.M. REALTY, INC.  Principal Place of Businese Mailing Address 5890 \$ SEMORAN BLVD ORLANDO FL 32822 STE 209 DEERFIELD BEACH FL 33442-7713 US					3.	Date Incorporated or Qualified	3a. [	Date of Last R	
<ul> <li>Poiz sacrat I.</li> </ul>	lace of Business	2a. Mailing Address	<del></del>			<b>05/04/1990</b> FEI Number	<u> </u>	5/01/1996	anting for
21)	Idue di Ottaineas	28. Waling Address			4.	59-3009049	1	1	oplied For of Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			6	Certificate of Status Desired	N		Additional
22		27						<del></del>	equired
City & Stat	CC:	City & State			6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees
<b>23</b> ] Ζψ	Country	Zib	Cour	ntry	8.	This corporation has liability fo			
24	25	29	30			Florida Statutes	Yes	□ No	
	g. Name and Address of Cu	urrent Registered Agent		81 Name		Name and Address of New F	tegistered	d Agent	
	Y, JAMES R.								
	00 Palm BCH. Lakes BLVD. ITE 900		1	82 Street	Address (f	P.O. Box Number is Not Accepta	able)		
	PALM BCH FL 33409		ł	83					
	TALM BOTTLE GOTOG		1	84 City				85 Zip	Code
				O.   O.			FI	LII	
11, Pursuant Potice or agent 13	to the provisions of Sections 607 registered agent, or both, in the S rm familiar with, and account the c	7 0502 and 607,1508. Florida State State of Florida Such change was obligations of Section 607,0505. F	utes, the ab authorized Torida Stati	love-named by the colutes.	d corporation rporation's	on submits this statement for the board of directors. I hereby acc	purpose ept the ap	of changing i opointment as	ts registered registered
SIGNATURI 12.	Superiore type of our contest manner of respective OFFICE AS	S AND DIRECTORS	01E : Registered	Agent signatur	re required whe		purpose ept the ap	ND DIRECTOR	
SIGNATURI 12. Tille	DP	ed open and be displeable INC	13.	Agent signafur	re required whe	n reinstaling)	purpose ept the ap		
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1 do hereby certly that the information supplied with this filing 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 in 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 chapter for an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-97

954-428.4585