

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 28 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L77893 (0)**  
1. Corporation Name  
**MARKHAM WOODS REALTY, INC.**



Principal Place of Business  
**1786 ALAQUA DR  
LONGWOOD FL 32779  
US**

Mailing Address  
**2200 GORDON DRIVE  
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>06/05/1990</b>	
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>59-3014074</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>22</b> City & State	<b>27</b> City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b> Zip	<b>28</b> Zip	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Country	<b>25</b> Country	<b>29</b> Country		<b>30</b> Country	
<b>7. Name and Address of Current Registered Agent</b> <b>A.G.C. CO. 2300 SUN BANK CENTER, 200 S ORANGE AVE. ORLANDO FL 32801</b>				<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>A.G.C. CO. 2300 SUN BANK CENTER, 200 S ORANGE AVE. ORLANDO FL 32801</b>		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEGROOTE, MICHAEL G</b>	1.2 NAME	<b>SEXTON, DAVID, N.</b>
STREET ADDRESS	<b>11 VICTORIA ST</b>	1.3 STREET ADDRESS	<b>1167 THIRD STREET SOUTH</b>
CITY-ST-ZIP	<b>HAMILTON HM</b>	1.4 CITY-ST-ZIP	<b>NAPLES, FLORIDA, 34102</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE GROOTE, MICHAEL H., JR</b>	2.2 NAME	
STREET ADDRESS	<b>1100 BURLOAK DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURLINGTON, ONT, CAN.</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DVS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEKARUK, JERRY</b>	3.2 NAME	
STREET ADDRESS	<b>1100 BURLOAK DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURLINGTON, ONT, CAN.</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCHAK, FRED</b>	4.2 NAME	
STREET ADDRESS	<b>11 VICTORIA STREET, P.O. BOX HM 1065</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAMILTON HMEX BE</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEGROOTE, GARY W</b>	5.2 NAME	
STREET ADDRESS	<b>1100 BURLOAK DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BURLINGTON ON</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14. I hereby certify 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 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: *Jerry Pekaruk* **JERRY PEKARUK** 1/15/98 941-261-3214

CR2E034 (10/97)