

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L79712 (0)**

1. Corporation Name
SOS REALTY CORP.



Principal Place of Business: % PHILIP TATICH, 601 S LAKE DESTINY RD. STE 200, MAITLAND FL 32751, US
Mailing Address: % PHILIP TATICH, 601 S LAKE DESTINY RD. STE 200, MAITLAND FL 32751, US

3. Date Incorporated or Qualified: **06/05/1990**
3a. Date of Last Report: **02/16/1995**
4. FEI Number: **59-3013980**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

TATICH, PHILIP
601 S LAKE DESTINY RD
STE 200
MAITLAND FL 32751

10. Name and Address of New Registered Agent

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: _____

12. OFFICERS AND DIRECTORS

11	DP	SCHIEFERDECKER, WALTER L	FOOT OF FERRY ST ESSEX CT	<input type="checkbox"/> DELETE
12	VP	SCHIEFERDECKER, HOWARD A	1605 KING ARTHUR CIR ESSEX CT	<input type="checkbox"/> DELETE
13	SD	SCHOCH, CYNTHIA J	38 N MAIN ST ESSEX CT	<input type="checkbox"/> DELETE
14				<input type="checkbox"/> DELETE
15				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	11	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12	NAME	12	NAME	
13	STREET ADDRESS	13	STREET ADDRESS	
14	CITY-STATE-ZIP	14	CITY-STATE-ZIP	06426
15		15		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16		16		
17		17		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18		18		
19		19		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20		20		
21		21		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22		22		
23		23		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24		24		
25		25		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26		26		
27		27		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28		28		
29		29		<input type="checkbox"/> Change <input type="checkbox"/> Addition
30		30		

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 or person 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: *Walter L. Schieferdecker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WALTER L. SCHIEFERDECKER

2/16/96 860-767-1267
DATE Original Phone #

CR2E034 (12/95)