FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Mar 12 1997 8:00am **PRÖFIT** FLORIDA DEPARTMENT OF STATE **第CORPORATION** Sandra B. Mori Secretary of State ANNUAL REPORT Secretary of Sta DIVISION OF CORPO ATIONS 1997 CUMENT # L81483 (4)PLAZA DEL SOL REAL ESTATE, INC. al Place of Business Mailing Address 7635 Ashley Park Court Suite 508 7635 Ashley Park Court Suite 508 Odando, PL 32835-6113 Orlando, FL 32835-6113 3. Date Incorporated or Qualified 3a. Date of Last Report 06/14/1990 02/06/1996 2. Pincipal Place of Business 2a. Mailing Address Applied For 65-0210592 Not Applicable 26 7635 Ashley Park Court Suite 508 7635 Ashley Park Court Sulte 508 \$8.75 Additional 5. Certificate of Status Desired Fee Required Orlando, FL 32835-6113 Orlando, FL 32835-6113 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name POOLE IV, WILLIAM F. 644 W COLONIAL DR ORLANDO FL 32804 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 966 Addition DELETE 11 TITLE Change 12 NAME 8 **ADDRESS** 1.3 STREET ADDRESS ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CRY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ını 3.1 TITLE Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS DITY-ST-ZIP 3 4. CITY - ST- ZIP DELETE ☐ Addition Change 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS OTY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME TREET ADDRESS 5.3 STREET ADDRESS DITY-ST-ZIP 5.4 CITY - ST-ZIP NAME ☐ DELETE 6.1 TITLE ☐ Change Addition TREET ADDRESS 6.3 \$ REET ADDRESS Y-ST-7IP I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the courate and that my signature shall have the same legal effect as if made under oath; that xecute 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.

3/6/97 407 521-9200