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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L95533** **(0)**

1. Corporation Name

AMERICANA REALTY OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
~~2137 N COURTNEY PKWY~~ ~~#26~~ ~~MERRITT ISLAND FL 32953~~	~~2137 N COURTNEY PKWY~~ ~~#26~~ ~~MERRITT ISLAND FL 32953~~

2. Principal Place of Business 21 523 ADAMS AVE	2a. Mailing Address 26 523 ADAMS AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CAPE CANAVERAL, FL	City & State 28 CAPE CANAVERAL, FL
Zip / Country 24 32920 / 25 USA	Zip / Country 29 32920 / 30 USA

3. Date Incorporated or Qualified 08/14/1990	3a. Date of Last Report 08/14/1995
4. FEI Number 59-3036739	☐ Applied For ☐ Not Applicable
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	

9. Name and Address of Current Registered Agent

ARNOLD, JOHN H., JR.
~~2137 N COURTNEY PKWY~~ 523 ADAMS AVE
~~#26~~
~~MERRITT ISLAND FL 32953~~ CAPE CANAVERAL, FL 32920

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) ~~523 ADAMS AVE~~ 523 ADAMS AVE

83 CAPE CANAVERAL, FL 32920

84 City CAPE CANAVERAL FL 85 Zip Code 32920

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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when not signing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ARNOLD, JOHN H., JR. 523 ADAMS AVE NE CAPE CANAVERAL FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P-S-T-D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~ARNOLD, SHIRLEY~~ ~~229 CLEVELAND AVE~~ ~~COCOA BEACH FL~~	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 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: [signature] 4/7/96 (407) 784-1508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)