

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

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M79016** (5)  
1. Corporation Name  
**ADVANTAGE REALTY GROUP, INC.**



Principal Place of Business <b>195 WEKIVA SPGS RD 220 LONGWOOD FL 32779</b>	Mailing Address <b>195 WEKIVA SPGS RD 220 LONGWOOD FL 32779-3623</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/25/1988</b>	3a. Date of Last Report <b>04/12/1996</b>
4. FEI Number <b>59-2892626</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ELZER, DANIEL ROBERT 232 CHURCHILL DR. LONGWOOD FL 32779</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	CEO
NAME	<b>ELZER, ROBERT R.</b>
STREET ADDRESS	<b>320 CYPRESS LANDING</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>
TITLE	P
NAME	<b>ELZER, DANIEL R.</b>
STREET ADDRESS	<b>232 CHURCHILL DR.</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>
TITLE	ST
NAME	<b>ELZER, MARTHA</b>
STREET ADDRESS	<b>320 CYPRESS LANDING</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>
TITLE	D
NAME	<b>ARROL, JOHN</b>
STREET ADDRESS	<b>2427 ALAMO GLEN</b>
CITY-ST-ZIP	<b>DANVILLE CA 94526</b>
TITLE	D
NAME	<b>BANDEN, GREGORY J.</b>
STREET ADDRESS	<b>659 BIRGHAM PL</b>
CITY-ST-ZIP	<b>LAKE MARY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_ 4/18/97 407-869-4100

CR2E034 (9/96)