

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M80746** (4)
1. Corporation Name
AREA ONE REALTY SERVICES, INC.



Principal Place of Business
**222 S. WESTMONTE DR., SUITE 210
ALTAMONTE SPRINGS FL 32714**

Mailing Address
**222 S. WESTMONTE DR., SUITE 210
ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified
05/13/1988

3a. Date of Last Report
02/09/1995

2. Principal Place of Business
21 **435 DOUGLAS AVE.**
Suite, Apt. #, etc.
22 **1505 H**
City & State
23 **ALTAMONTE SPRINGS, FL**
Zip
24 **32714** Country
25 **ORANGE**

2a. Mailing Address
26 **435 DOUGLAS AVE.**
Suite, Apt. #, etc.
27 **1505 H**
City & State
28 **ALTAMONTE SPRINGS, FL**
Zip
29 **32714** Country
30 **ORANGE**

4. FEI Number
59-2889942

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

10. Name and Address of New Registered Agent

**BEHN, JEROME G.
222 S. WESTMONTE DR., SUITE 210
ALTAMONTE SPRINGS FL 32714**

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

[Signature] Print Name of registered agent and the applicant. (NOTE: Registered Agent Signature required when recording.) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	BEHN, JEROME G.	222 S. WESTMONTE DR., SUITE 210 ALTAMONTE SPRINGS FL 32714		
VP	MCCUE, EDWARD R., JR.	222 S. WESTMONTE DR., SUITE 210 ALTAMONTE SPRINGS FL 32714		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (407) 788-2229
Date and Phone #

CR2E034 (12/95)