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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M96507

(2)

PAGE ONE MANAGEMENT/REALTY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4732

P.O. BOX 4732

FILED May 02 1997 8:00am Secretary of State



WINTER PARK FL 32783-1732		WINTER PARK FL 32783-4732					
					3. Date incorporated or Qualified 08/30/1988	3a. Date of 06/25/19	· ·
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 22/	CIVE CAK Blox	26			55-3405826		Not Applicable
Suite Apty	#. etc. 	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 '	.75 Additional Fee Required
City & State	6 - 1	City & State		,	6. Election Campaign Financing	\$	5.00 May Be
23 (ASE	elbereu, FC	28			Trust Fund Contribution		dded to Fees
Zip	Country	Zıp	Cou	ntry	8. This corporation has liability for	intangible tax u	nder s. 199.032,
24 32 /	25 45/1	29	30		······································	KLYes □ No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
164	e, edith M. S. Maitland Avenue Amonte Springs FL 32701			81 Name82 Street A83	Address (P.O. Box Number is Not Acceptat	ole)	
				84 City		FL 85	Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was itions of, Section 607.0505, F	authorized	by the corp	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of chan	ging its registered ent as registered
····	Signature, lyped or printed name of registered age.			Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D	DELETE	1.1][]				hange L Addition
NAME	PAGE, EDITH M.		1.2 NA				
STREET ADDRESS	184 S. MAITLAND AVENUE		1.3 ST	REET ADDRESS			ļ
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			IY-ST-ZIP			
TITLE		DELETE	2.1 Til			וט (hange Addition
NAME			2.2 NA				
STREET ADDRESS			2.3 \$1	REET ADDRESS			
CITY-ST-ZIP				TY - S1 - ZIP			
TALE		☐ DELETE	3.1 1(1	TE [☐ CI	hange L Addition
NAME			3.2 NA	.ME			
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP			3.4 C	1Y-S1-ZIP			· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	4.1 TIT	LE		□ 0	hange LJ Addition
NAME			4. 2 N	AME			
STREET ADDRESS			4.3 ST	REFT ADDRESS			
CITY-ST-ZIP			4.4 CF	IY-S1-ZIP			
TITLE		DELETE	5 1 11	LF		L c	hange
NAME			5.2 N/	ME }			
STREET ADDRESS			53 ST	REE1 ADDRESS			
CITY-ST-ZIP			540f	IY-SI-ZiP			
TITLE		☐ DELETE	61 10	LF T		□ c	hange
NAME			6.2 N/	IME)			
STREET ADDRESS			6.3 \$1	REET ADDRESS			
CITY-ST-ZIP	<u> </u>		6.4 CI	TY-\$T-7IP			
14. I do heret informatic I am an o appears i	by certify that the information supplied in indicated on this annual report or s officer or director of the corporation or in Block 12 or Block 13 if changed, or	d with this filing does not qua upplemental annual report is the receiver) or trustee empor on an attachment with an ac	lify for the true and a wered to e ddress.	exemption st accurate and execute this re	ated in Section 119 07(3)(i). Florida Statute that my signature shall have the same leg- eport as required by Chapter 607, Florida to	es. I further certifial effect as if ma Statutes; and that	ly that the lide under oath; that lat my name