

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

AMENDED REPORT

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

MAR 18 PM 5:26

STATE OF FLORIDA
DIVISION OF CORPORATIONS

DOCUMENT # **m99116**

1. Corporation Name

DeWolfe & Johnson Realty, Inc.

Principal Place of Business

16050 S. Tamiami Trail
Suite 103
Fort Myers, FL 33908

Mailing Address

16050 S. Tamiami Trail
Suite 103
Fort Myers, FL 33908

3. Date Incorporated or Qualified
09/19/88

3a. Date of Last Report
1/26/96

2. Principal Place of Business

2a. Mailing Address

21 State, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

29

30

4. FEI Number
65-0073042

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

Goldberg, Harvey B.
1515 Broadway
Fort Myers, FL 33901

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE: PD
NAME: DEWOLFE, BERNARD J.
STREET ADDRESS: 16050-103 S. Tamiami Trail
CITY-ST-ZIP: Fort Myers, FL 33908

DELETE

TITLE: VSD
NAME: JOHNSON, ALLEN H.
STREET ADDRESS: 16050-103 S. Tamiami Trail
CITY-ST-ZIP: Fort Myers, FL 33908

DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

13.

1.1 TITLE: VSD
1.2 NAME: WHITE, ROBERT B.
1.3 STREET ADDRESS: 16050-103 S. Tamiami Trail
1.4 CITY-ST-ZIP: Fort Myers, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

2.1 TITLE:
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

Change Addition

3.1 TITLE:
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

Change Addition

4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

200001746762
-03/18/96--01045--024
***61.25

Change Addition

5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

Change Addition

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:

Robert B. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 941 433-3433

Date

Daytime Phone #

CR2E034 (12/95)

P 5 3/18/96