## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Feb 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (9)M99116 DEWOLFE & JOHNSON REALTY, INC. Principal Place of Business Mailing Address 16050 S. TAMIAMI TRAIL 16050 S. TAMIAMI TRAIL **SUITE 103** SUITE 103 DO NOT WRITE IN THIS SPACE FT. MYERS FL 33908 FT. MYERS FL 33908 3. Date Incorporated or Qualified 09/19/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0073042 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country ₫D Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 **LYes** 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GOLDBERG, HARVEY B. Robert B. White 1515 BROADWAY Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33901 16050-103 So. Tamiami Trail Zip Code 33908 Fort Myers 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, SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. \_\_\_ Addition DELETE 1,T HTLE Change TITLE DEWOLFE, BERNARD J. 1.2 NAME NAME STREET ADDRESS 16050-103 S. TAMIAMI TRAIL 1.3 STREET ADDRESS FT MYERS FL 33908 CITY-ST-ZIP 1.4 CITY-SI-ZIP DELETE Change Addition: 21 IIICE TITLE VSD NAME WHITE, ROBERT B 2.2 NAME 16050-103 S TAMIAMI TRAIL STREET ADDRESS 2.3 STREET AUDRESS FT MYERS FL 33908 GTTY-ST-ZIP 2 4 City-St-7IP DELETE Addition HTLE s.i TiTLE Change NAME 3,2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETÉ 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CHY-ST-RP 54 CITY-ST-ZIP DFLETÉ Change Addition

61 TITLE

62 NAME

14. Thereby certify that the information supplied with this filling 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 suppliemental 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

6.3 STHEET ADDRESS

SIGNATURE:

TITLE

MAME

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with ar

1/23/98 (941) 433-3433