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PROFIT CORPORATION ANNUAL REPORT

. 1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

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May 12 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99152

(4)

Principal Place C/O GEORGE I 2200 LUCIEN W	REALVEST PARTNERS, INC. Incipal Place of Business /O GEORGE D. LIVINGSTON 200 LUCIEN WAY. SUITE 350 ARTLAND FL 32751 S Mailing Address C/O GEORGE D. LIVINGSTON 2200 LUCIEN WAY. SUITE 350 MAITLAND FL 32751-7019							3. Date Incorporated or Qualified 3a. Date of Last Report			
								09/19/1988	0	4/01/1996	
2. Principal Pla ⊐	lace of Busin	ess	<u> </u>	Mailing Address				4. FEI Number		 	oplied For
Suite, Apt 4	# oto		26	Suite, Apt. #, etc.				59-2900202			ot Applicable
2	w, OIC.		27	ouite, Apr. #, ote.]	Certificate of Status Desire	ed 🔲		Additional equired
City & State				City & State				6. Election Campaign Finance	oina .		May Be
3			28					Trust Fund Contribution			to Fees
Zip		Country		Zip .	Coun	try		8. This corporation has liabile		le tax under s	199.032,
<u> </u>		25	29		30			Florida Statutes	Yes	□ No	
		and Address of Currer	nt Registe	ered Agent		1 Name		10. Name and Address of No	ew Registere	Agent	
	ich, Philli				ľ	Name					
		estiny RD.			[8	Street	t Addres	is (P.O. Box Number is Not Acc	ceptable)		
	TE 200	107E4			1	13			······································	·	<u></u>
MAII	TLAND FL	\$2/01							·		
					8	14 City			F	85 Zip	Code
11. Pursuant t office or re	to the provisi egistered ag- m familiar wit	ons of Sections 607.050 ent, or both, in the State th, and accept the oblid-	02 and 60 e of Florida ations of	7.1508, Florida Stat a. Such change wa Section 607.0505.	tutes, the abo s authorized Florida Statu	ove-named by the colles	d corpor rporation	ration submits this statement fon's board of directors. I hereby	r the purpose accept the ap	of changing i opointment as	ts registered registered
SIGNATURE .		ck pointed name of registered age	ent and title if	applicable. (N	IOTE: Registered	***************************************			or the purpose accept the ap		
SIGNATURE	Signature typed		ent and title if	applicable. (N		Agent signatu			or the purpose accept the ap		
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O NAME OF SIGNING OFFICER OR DIRECTOR