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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **M99981** (6)

1. Corporation Name
CORPLEX REALTY, INC.



Principal Place of Business
**6767 N WICKHAM ROAD
SUITE #400
MELBOURNE FL 32940**

Mailing Address
**6767 N WICKHAM ROAD
SUITE #400
MELBOURNE FL 32940-2025**

3. Date Incorporated or Qualified
09/19/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number
13-3483961

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

**MARCHESO, JOSEPH J
6767 NORTH WICKHAM RD
SUITE 400
MELBOURNE FL 32940**

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

Signatures to be printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
FP LANDRY JR, H JOHN
STREET ADDRESS
6767 N WICKHAM RD #400
CITY-ST-ZIP
MELBOURNE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ST LEWIS, CHARINE
STREET ADDRESS
6767 N WICKHAM RD #400
CITY-ST-ZIP
MELBOURNE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ST LEWIS, CHARINE
STREET ADDRESS
6767 N WICKHAM RD #400
CITY-ST-ZIP
MELBOURNE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ST LEWIS, CHARINE
STREET ADDRESS
6767 N WICKHAM RD #400
CITY-ST-ZIP
MELBOURNE FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ST LEWIS, CHARINE
STREET ADDRESS
6767 N WICKHAM RD #400
CITY-ST-ZIP
MELBOURNE FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
ST LEWIS, CHARINE
STREET ADDRESS
6767 N WICKHAM RD #400
CITY-ST-ZIP
MELBOURNE FL

6.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 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:

Charine Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHARINE LEWIS

1-20-97

Date

Daytime Phone #

0105144

CR2E034 (9/96)