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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002404 (1)

1. Corporation Name

PRUDENTIAL FLORIDA REALTY FOUNDATION, INC.

Principal Place of Business

19353 US HIGHWAY 19 NORTH STE. 100
CLEARWATER FL 34624

Mailing Address

19353 US HIGHWAY 19 NORTH STE. 100
CLEARWATER FL 34624-31023. Date Incorporated or Qualified
05/12/19943a. Date of Last Report
04/09/1996

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3242513

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

LECOMPTE, MORRIS A
100 SECOND AVENUE SOUTH
CITY CENTER - 12TH FLOOR
ST. PETERSBURG FL 33701

81 Name

Jill Fisher Powers-Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

19353 US 19 N.

83

Suite 100

84 City

Clearwater

FL

85

Zip Code
34624

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Jill Fisher Powers, Esquire

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVP ☐ DELETE
NAME TOOKE, EDWIN C
STREET ADDRESS 19353 US HIGHWAY 19 NORTH STE. 100
CITY-ST-ZIP CLEARWATER FL 34624TITLE DST ☐ DELETE
NAME STICCO, LEWIS A
STREET ADDRESS 19353 US HIGHWAY 19 NORTH STE. 100
CITY-ST-ZIP CLEARWATER FL 34624TITLE DVP ☐ DELETE
NAME MUELLER, JAMES G
STREET ADDRESS 7100 W. COMMERCIAL BLVD.
CITY-ST-ZIP FT LAUDERDALE FL 33319TITLE DP ☐ DELETE
NAME COPE, RICHARD W
STREET ADDRESS 19353 US HIGHWAY 19 NO., STE 100
CITY-ST-ZIP CLEARWATER FL 34624TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lewis A. Sticco 2/22/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813) 538-5468

CR2E037 (9/96)