

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P09042 (3)

1. Corporation Name

THE CORPORATE REALTY GROUP INCORPORATED



Principal Place of Business

Mailing Address

~~101 FOLKESTONE LANE~~
~~BRYSON CITY NC 28713~~

~~101 FOLKESTONE LANE~~
~~BRYSON CITY NC 28713~~

US
215 ROLLING DRIVE
WAYNESVILLE NC 28786

US
215 ROLLING DRIVE
WAYNESVILLE NC 28786

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 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/07/1986

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2874357

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

10. Name and Address of New Registered Agent

~~BENNETT, HEATHER A.~~
~~1624 RIVER RD. D-1~~
~~JACKSONVILLE FL 32207~~

HEATHER A BENNETT-SURFACE
3324 LAKESHORE BLVD
JACKSONVILLE FL 32210

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 registering.)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

JOYCE, NORMA D.SA

~~101 FOLKESTONE ROAD~~ 215 ROLLING DRIVE

~~BRYSON CITY NC~~ WAYNESVILLE NC 28786

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPSD

PONDER, CHRISTY B

~~2221 PEACHTREE RD. NE, STE D035~~ 819 ROBLE AVE

~~ATLANTA GA~~ MENLO PARK CA 94075

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VPD

BENNETT, HEATHER A. BENNETT-SURFACE

~~1624 RIVER RD. D-1~~ 3324 LAKESHORE BLVD

~~JACKSONVILLE FL~~ JACKSONVILLE FL 32210

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/2/96

CR2E034 (12/95)