## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # P35087** 

(6)

	LARGO REALTY CORP.				·				
	ce of Business	Mailing Address 11540 HWY 92 EAST				<b>4</b> 1911 <b>2</b> 1917			
11540 HWY 9 SEFFNER FL US		SEFFNER FL 33584-7346 US							
		••				Date Incorporated or Qualified 08/14/1991		ite of Last Report 01/1996	
2. Principal Place of Business 2a. Mailing Add			3S			4. FEI Number	<u></u>	Applied For	
21		26			59-3024232		Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
Oity & Sta	le	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30			8. This corporation has liability for Florida Statutes	intangible <b>∛</b> Yes [		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
BE	YER, DAVID A.		]	81	Name				
C/O RÚDNICK & WOLFE 101 EAST KENNEDY BLVD. TAMPA FL 33602-5133			}	82 Street		ess (P.O. Box Number is Not Acceptab	ole)	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
			}	83					
				84	City	FL 85 Zip Code			
11. Pursuant office or agent. I	to the provisions of Sections 607.0503 registered agent, or both, in the State am familiar with, and accept the obliga	end 607.1508, Florida Statut of Florida. Such change was litions of, Section 607.0505, Fl	tes, the ab authorized orida Statu	ove by ites	named corp the corporat	oration submits this statement for the pion's board of directors. I hereby acception's	ourpose of the app	changing its registered ointment as registered	
SIGNATURE	Stgnature, typod or printed name of registered age	tt and into if applicable (NO)	E Registered	Ager	nt signature requir	ed when reinstating)	DATE		
12.		OFFICERS AND DIRECTORS 13				ADDITIONS/CHANGES TO OFFIC		DIRECTORS IN 12	
Title	PD	☐ DELETE	1.1 TiT	LE				Change Addition	
han:	PLANCHER, KEVIN		1.2 NAMI						
STREET ADDRESS	AARAA IRANI AA FAAT		1.3 STF	REET A	UDDAESS				
CHY-ST-ZIP	SEFFNER FL		1,4 C/T	Y-\$1	- ZIP				

DELETE Change Addition 2.1 TITLE THLE FINKEL, JEFFREY 2.2 NAME NAME 11540 HWY 92 EAST 2.3 STREET ADDRESS STREET ADDRESS SEFFNER FL CITY-S1-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE STEIN, LEWIS NAME 3.2 NAME 11540 HWY 92 EAST 3.3 STREET ADDRESS STREET ADDRESS SEFFNER FL 3.4. CITY-ST-ZIP CHY- \$1-2IP DELETE Addition 4.1 TOLE Change TITLE SCHWARTZ, LARY NAME 4. 2 NAME 11540 HIGHWAY 92 EAST 4.3 STREET ADDRESS STREET ADDRESS SEFFNER FL 4.4 CITY-ST-ZIP DITY-ST-DE DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHTY-ST-ZIP DELETE Addition 61 TITLE HILF 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CHTY-ST-7/P 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, opening attachment with an address.

SIGNATURE:

**FILED** 

May 23 1997 8:00am

Secretary of State

CR2E034 (9/96)