

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra R. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000006795 (8)**

1. Corporation Name

REALVEST OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

**779 S. TAMiami TRAIL
PORT CHARLOTTE FL 33953**

Mailing Address

**779 S. TAMiami TRAIL
PORT CHARLOTTE FL 33953**

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip

24 Country

9. Name and Address of Current Registered Agent

**AMENT, JOEL A
779 S. TAMiami TRAIL
PORT CHARLOTTE FL 33953**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provision of Sections 607.05(2) and 607.15(8), 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 Sections 607.05(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HULL, LESLIE SR.	
STREET ADDRESS	54 BRUCE FARM DR.	
CITY, ST, ZIP	WILLOWDALE, ONTARIO	
TITLE	D	DELETE
NAME	HULL, IRENE	
STREET ADDRESS	54 BRUCE FARM DR.	
CITY, ST, ZIP	WILLOWDALE, ONTARIO	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I do hereby certify that the information supplied when 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 registered agent or authorized representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached addendum address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

941-255-5391

CR2E034 (12/95)