F COR ANNU	PROFIT PORATION JAL REPORT 1996	FLORIDA DEPA Sandra	ARTMEN F STATE B. Morth ary of Sta		
1. Corporation	MENT # P9200 Name IINGTON REAL ESTATE, IN	00012281 (° vc.	1)		
Principal Place of Business Mailing Address 132 GLENDALE DR. LONGWOOD FL 32750 LONGWOOD FL 32750				* 10411691 FID 10118 11011 801(1 N	19111 90111 90191 11873 11919 11961 16151 1155 1985
LONGWOOI	D FL 32750	LONGWOOD FL 3275	50	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ice of Business	2a. Mailing Address		12/14/1992 4. FEI Number	06/29/1995 Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		20-2283944 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State		City & State		Election Campaign Financing	Fee Required \$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees
24	25 9. Name and Address of Currer	29 nt Registered Agent	30		s ∐No
11. Pursuant to or registere familiar with SIGNATURE _	ENDALE DR. YOOD FL 32750 The provisions of Sections 607.0502 ad agent, or both, in the State of Florin, and accept the obligations of, Sections for printed name of registered agent	tion 607.0505, Florida Statutes.		ration submits this statement for the pure of directors. I hereby accept the appropriate the control of the con	ointment as registered agent. I am
12.		D DIRECTORS	13.		DATE FICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	PENNINGTON, ALFRED G 132 GLENDALE DR. LONGWOOD FL 32750	☐ DELETE	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS		Change Add-tion
CITY-SI-ZIP TITLE NAME STREET ADDRESS	D PENNINGTON, JANET W 132 GLENDALE DR.	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREFT ADDRESS	LONGWOOD FL 32750	☐ DELETE	2 4 CITY - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.4 CITY-\$T-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 SPRET ADDRESS 6.4 CLY-ST-ZIP		Change Addition :
14. I do hereby certify that to oath; that I is	Slock 12 or Block 13 il changed, or c	ial report or supplemental annuration or the receiver or trustee on a attachment with an address	shed and loes not qualify for all reports true and accura- empowed to execute this as.	or the exemption stated in Section 119. te and that my signature shall have the s report as required by Chapter 607, Fix FUN ING TOW Date	same legal effect as if made under orida Statutes; and that my name