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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

P93000020291 (9) **DOCUMENT #** DEHARDER REAL ESTATE CORP. Mailing Address Principal Place of Business 1022 HWY A1A POB 372677



SATELLITE BEACH FL 32937		SATELLITE BEACH FL 32937				
					3. Date incorporated or Qualified 03/15/1993	3a. Date of Last Report 06/12/1995
Principal Place of Business The Pla		2a. Malino Address 26 P.O. Box 729		4. FET Number 59-3174733	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #. etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State DYLLENE F.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zıp	Country 25	29 3290A	Country	LEVAKE	8. This corporation has liability for i	
	g. Name and Address of Curre				10. Name and Address of New R	legistered Agent
			81	Name		
	der, robert		82	Street Addr	ess (P.O. Box Number is Not Acceptab	ile)
	WY A1A			ļ		
SATELI	LITE BEACH FL 32937		83			
			84	City		FI 85 Zip Code
11 Pureuant to	the provisions of Sections 607 050	2 and 607 1508. Florida Statute	es, the above	hanied corpor	ation submits this statement for the pured of directors. Thereby accept the app	ruose of changing its registered office
SIGNATURE	Styriotice itspeed or printed name of regelered way-	ralumentappendos (NO	ife fågstæd Åje		d where nearest dinap	DATE
12.		ND D-RECTORS	13.		ADDITIONS/CHANGES TO OFF	Change Addition
TITLE	D DODEDT	☐ DELETE	N 1 TOTES			[] change [] vocation
NAME	Deharder, Robert 1077 Hwy A1A		1.2 NAMē	L ADDOCACA		
STREET ADDRESS	SATELLITE BEACH FL 329	137	1.3 STREE	1 ADDRESS		
CITY-ST ZIP TITLE	ONTELLITE BENOTITE DES	DELETE	2 \ TICLE)1 - ZIF.		Change Addition
NAME			2.2 NAME			
STREET ADDRESS			23 STREE	T ADDRESS		
CITY-ST ZIP			2.4 CiTt -	ST-ZIP		
TIFLE		DELETE	3 1 111LE	į		Change Addition
NAME			3.2 NAME			
STREET ADDRESS				LADDRESS		
CITY-ST-ZIP		☐ DELETE	3 4 C-Tr -			Change Addition
TITLE			4 1 10 LE 1 4 2 NAME			Committee Committee
NAME				T ADDRESS		
STREET ADDRESS CITY - S1 - ZIP			4.4 CiTY -			
TITLE		DELETE	5 1 Tille			☐ Change ☐ Addition
NAME			5.2 NAME		2000018	17383
STREET ADDRESS			5 3 STREE	LADDRESS	3000018 -05/13/96010	005032
CITY -S1 - ZIP			5.4 CITY -	ST-ZIP	***200.00	
TITLE		☐ DETELE	€ 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CHTY - ST - ZIP			6.4 CHY-	ST-ZIP		

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 by this arminal report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath, that I am an officer or director of the comparation or the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

4/29/96 407-779-0622