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

PROFIT CORPORATION LORIDA DEPARTMENT OF STATE Sandra B. Mortham FILED **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1**9**98 98 APR 30 PH 12: 12 DOCUMENT # 1. Corporation Name P93000029415 (5) TALLAHASSEE, FLORIDA NATIONS REALTY CORP., INC. Principal Place of Business Mailing Address 2200 LUCIEN WAY P O BOX 4961 SUITE 450 > ORLANDO FL 32802-4961 DO NOT WRITE IN THIS SPACE MATTLAND PL 32751 3. Date Incorporated or Qualified 04/22/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1551 SANDENT Not Applicable 26 59-3178258 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country Z(0)Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes ∏ No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **B&C CORP. SERVICES OF CENTRAL FLORIDA INC.** 390 N. ORANGE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1100** 83 ORLANDO FL 32801 City \*\*\*\*150.0£ 195 × 71 Sept 00 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 age it and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE **GINSBURG.** ALAN H 1.2 NAME Alan H. Ginsburg NAME 2200 LUCIEN WAY, SUITE 450 STREET ADDRESS 1.3 STREET ADDRESS 1551 Sandspur Rd. MAITLAND FL 32751 Maitland, FL 32751 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Addition TITLE 2.1 TITLE D/P/S/T SHASSIAN, LOUIS P NAME 2.2 NAME Louis P. Shassian STREET ADDRESS 2200 LUCIEN WAY, SUITE 450 2.3 STREET ADDRESS 1551 Sandspur Rd. MAITLAND FL 32751 CITY-ST-ZIP 2. 4 CITY - \$1 - 2IP Maitland, RL = 32751Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied will 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 formula 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

ent with an address

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an atta

N//16/08

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

CR2E034 (10/97