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

Mailing Address

209 GORNTO LAKE ROAD BRANDON FL 33510-3913

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

209 GORNTO LAKE ROAD

SIGNATURE:

BRANDON FL 33510



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

3. Date Incorporated or Qualified 38. Date of Last Report

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000031494 (6)

DOUGLAS & ASSOCIATES REALTY, INC.

						04/29/1993	07/0	5/1996	
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number	.1	Applied For		
21		26			59-3178694		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
22		27					Fee Re		
City & State		City & State				6. Election Campaign Financing	11	\$5.00	
Z ip	28 Country Zip Co			Trust Fund Contribution Added to Fee					
	·	├ ─┐	 -	i tti y		8. This corporation has liability for i	ntangible ta Yes 🔲		199.032,
25						10. Name and Address of New Re			
ZEPKA, DOUGLAS					Name		,		
209 GORNTO LAKE ROAD									
BRANDON FL 33510				82 Street Address (P.O. Box Number is Not Acceptable)					
DIVITOR LE 22210									
					City		FL	85 Zip (Code
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, typest or printed name of registered agent and title if applicative (NOTE: Registered Agent signature required when reinstating) DATE									
12,				o Age	ni signature req.	ADDITIONS/CHANGES TO OFFIC		BECTOR	S IN 12
TITLE D		DELETE	1,1 11	TLE	·····			Change	Addition
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	A IA A A A A A A B I I I I I I I I I I I				ADDRESS				
	DRANDON PLAGES			1.4 CITY - ST - ZIP					
TITLE	DELETE			2.1 TITLE				Change	Addition
NAME			2.2 NA	2.2 NAME					
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CITY-ST-ZIP	2			2 4 City-St-Zip					
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NAME				AME					
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NAME			4. 2 N	AME					
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TITLE		☐ DETELE	6.1 TI				`L	Change	Addition
NAME			6.2 NA						
STREET ADORESS			6.3 ST	REET	ADDRESS				
CITY-ST-ZIP	wife, where the inches and a second in		6.4 CI			d by Continue 440 07/09/5 Fig. 23 - 0	a 1 femiliaria -		Ala n
14. I do hereby certify that the information supplied with this filing foles not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armual right 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 courselong fifty ecciver provides empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if marged, or on in attackment with an address									