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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 18 1997 8:00am

Secretary of State

- 91 (407)725-3341

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000036627 (6)**1. Corporation Name

appears in Block 12 or Block 13 if changed, or on an attachment with an address

EDWARD J. SLATTERY REAL ESTATE, INC.

325 N. ORLANDO AVE \$25 N. ORLANDO AVE COCOA BEACH FL 32831-2918 COCOA BEACH FL 32931 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1993 04/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3183676 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes K No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GENSLER, MICHAEL P R1 Name 325 N. ORLANDO AVE 82 Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH FL 32931 83 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, DELETE Change TITLE 1.130TUE SALTTERY, EDWARD J. NAME 1.2 NAME 4890-1 LAKE WATERFORD WAY W. STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 1.4 C(TY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 Offy-ST-ZiP TITLE ☐ DELETE 3.1 1ITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 HILE Change NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE Change \_\_\_\_ Addition 5.1 UHF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - \$1 - ZiP DELETE TITLE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF 14. I do hereby certify that the information supplied with 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FINHARD IT STATTERY