

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

94 JUL -6 PM 1:00
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000036685 (4)

1. Corporation Name
S.E.C. REALTY, INC.

Mailing Address
**100 2ND AVE S
SUITE 400N
ST PETERSBURG FL 33701**

Principal Place of Business
**100 2ND AVE S
SUITE 400N
ST PETERSBURG FL 33701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/21/1993** 3a. Date of Last Report

2. Mailing Address 21 1310 Gulf Blvd	2a. Principal Place of Business 26 1310 Gulf Blvd	4. FEI Number 59-3210402	Applied For Not Applicable
Suite, Apt. #, etc. 22 12 A	Suite, Apt. #, etc. 27 12 A	5. Certificate of Status Desired \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
City & State 23 Clearwater, Fla.	City & State 28 Clearwater, Fla.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 34630	County 25 Pasco	Zip 29 34630	County 30 Pasco

9. Name and Address of Current Registered Agent SNYDER D J 100 2ND AVE S SUITE 400N ST PETERSBURG FL 33701		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			FL
			85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____
 Signature typed or printed name of registered agent (not required if agent is officer)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS (If any)	
11 TITLE President		11 TITLE	
12 NAME Anabel E. Larson		12 NAME	
13 STREET ADDRESS 1310 Gulf Blvd. 12A		13 STREET ADDRESS	
14 CITY, ST, ZIP Clearwater, FL 34635		14 CITY, ST, ZIP	
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY, ST, ZIP		24 CITY, ST, ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY, ST, ZIP		34 CITY, ST, ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY, ST, ZIP		44 CITY, ST, ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY, ST, ZIP		54 CITY, ST, ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	89
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and checked equally for the registration under the 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 trustee or trustee appointed to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anabel E. Larson Anabel E. Larson June 29, 1994
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR