

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morihani Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000051841 (3)**

1. Corporation Name

**ACCESS REALTY, INC.**

Principal Place of Business

Mailing Address

**2 S HIGHWAYS 17-92  
DEBARY FL**

**2 S HIGHWAYS 17-92  
DEBARY FL**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 <b>56 Rosedown Blvd.</b>		26 <b>56 Rosedown Blvd.</b>		<b>07/26/1993</b>	<b>08/15/1995</b>
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number	Applied For
22		27 <b>P.O. Box 1026</b>		<b>59-3246035</b>	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23 <b>DeBary, FL</b>		28 <b>DeBary, FL</b>		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24 <b>32713</b>	25 <b>USA</b>	29 <b>32713</b>	30 <b>USA</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROWE, JEANNETTE L**  
**2 S HIGHWAYS 17-92**  
**DEBARY FL**

10. Name and Address of New Registered Agent

81 Name	<b>Jeannette L. Rowe</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>56 Rosedown Blvd.</b>
83	
84 City	<b>DeBary</b>
85 Zip Code	<b>FL 32713</b>

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's signature required when re-appointing.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PS</b>	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROWE, JEANNETTE L</b>	12 NAME	
STREET ADDRESS	<b>15 CAMELIA DRIVE</b>	13 STREET ADDRESS	<b>56 Rosedown Blvd</b>
CITY - ST - ZIP	<b>DEBARY FL 32713</b>	14 CITY - ST - ZIP	<b>DeBary FL 32713</b>
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - 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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Jeannette L. Rowe**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/24/96 (407) 668-6333**

CR2E034 (3/96)