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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

01-28-1999 90046 030 ***150.00 DOCUMENT # P93000059717 1. Corporation Name **EXCALIBUR REALTY, INC.** Mailing Address Principal Place of Business % DERYLL F. GROSS % DERYLL F. GROSS 5115 9TH AVE DR. W. 5115 9TH AVE DR. W. DO NOT WRITE IN THIS SPACE **BRADENTON FL 34209 BRADENTON FL 34209** 3. Date Incorporated or Qualifed us 08/25/1993 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0438582 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 28 23 Country Country Zip 8. This corporation owes the current year Intangible Zip Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GROSS, DERYLL F Street Address (P.O. Box Number is Not Acceptable) 5115 9TH AVE DR WEST **BRADENTON FL 34209** 83 Zin Code 85 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE 1,1 TITLE 854 (841) (82) TITLE GROSS, DERYLL F 1.2 NAME NAME 5115 9TH AVE DR WEST 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE -2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 3.1 TITLE ☐ Change 3.2 NAME NAMÉ the training of the con-3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP . . 231 846 Change -DELETE 4.1 TITLE TITI F 4. 2 NAME NAME ... Broken 15 to a 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition ☐ Change □ DELETE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE

6.4 CITY-ST-ZIP 14. I 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 suppliemental 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 conforation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

□ DELETE

FILED

Jan 28, 1999 8:00am

Secretary of State