

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

**FILED**

**Mar 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000065295 (6)**  
1. Corporation Name  
**6811-13 REALTY CORP.**



Principal Place of Business Mailing Address  
**6811-13 VISITORS CIRCLE  
ORLANDO FL 32819  
US** **6811-13 VISITORS CIRCLE  
ORLANDO FL 32819-8227**

3. Date Incorporated or Qualified **09/20/1993** 3a. Date of Last Report **08/02/1996**

21	2. Principal Place of Business <b>7811 N. Dale Mabry Hwy</b> Suite, Apt. #, etc <b>N/A</b> City & State <b>Tampa, Florida</b> Zip <b>33614</b>	25	Country <b>U.S.A.</b>	26	2a. Mailing Address <b>7811 N. Dale Mabry Hwy</b> Suite, Apt. #, etc <b>N/A</b> City & State <b>Tampa, Florida</b> Zip <b>33614</b>	29	Country <b>U.S.A.</b>	4.	FEI Number <b>59-3232940</b>	Applied For <input type="checkbox"/> Not Applicable
22		27		27		30		5.	Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		28		30		6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		29		30		7.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**SCHEFINO, WILLIAM T  
ONE TAMPA CITY CENTER  
SUITE 2700  
TAMPA FL 33602**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIELVOGEL, MICHAEL R</b>	1.2 NAME	<b>Spielvogel, Michael R.</b>
STREET ADDRESS	<b>6811 VISITORS CIRCLE</b>	1.3 STREET ADDRESS	<b>7811 N. Dale Mabry Hwy.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	1.4 CITY-ST-ZIP	<b>Tampa, Florida 33614</b>
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIELVOGEL, MARY</b>	2.2 NAME	<b>Spielvogel, Mary</b>
STREET ADDRESS	<b>6811 VISITORS CIRCLE</b>	2.3 STREET ADDRESS	<b>7811 N. Dale Mabry Hwy.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	2.4 CITY-ST-ZIP	<b>Tampa, Florida 33614</b>
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Malangone, Gregory</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>7811 N. Dale Mabry Hwy.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Tampa, Florida 33614</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 its 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 if applicable, or as an attachment with an address.

**SIGNATURE:** **Michael R. Spielvogel 3/17/97 (813)933-3000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)