

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000070634 (9)

1. Corporation Name

FLORIDIAN REALTY, CORP.



Principal Place of Business

11350 66 ST N  
SUITE 110  
LARGO FL 34643

Mailing Address

11350 66 ST N  
SUITE 110  
LARGO FL 34643

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/12/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3205784

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contributions

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SCHENKEL, ROBERT  
11350 66 ST N  
SUITE 110  
LARGO FL 34643

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 607.1509, 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 607.0501, Florida Statutes.

SIGNATURE

Signature of person making the appointment (for use only)

Signature of person accepting the appointment (for use only)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13. NAME

13. STREET ADDRESS

13. CITY-ST-ZIP

13. TITLE

13. NAME

13. STREET ADDRESS

13. CITY-ST-ZIP

13. TITLE

13. NAME

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13. STREET ADDRESS

13. CITY-ST-ZIP

13. TITLE

13. NAME

13. STREET ADDRESS

13. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, is true and correct, and that I am an officer or director of the corporation or the receiver or trustee thereof, and that my signature appears in Block 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE:

*Robert Schenkel*

ROBERT SCHENKEL

4/6/94

813-546-4660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)