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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000086626 (7)

REAL PROPERTY OPERATING CO.

Mailing Address Principal Place of Business P O BOX 752 250 N ORANGE AVE ORLANDO FL 32802-0752 SUITE 1425 ORLANDO FL 32801 3a. Date of Last Report 3. Date Incorporated or Qualified 12/20/1993 02/13/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 59-3215056 Suite, Apt. #. etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζıρ Country Zip Country 8. This corporation has liability for ine tay under s. 199.032, **☑**No 25 Florida Statutes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CARTER, BYRON R 250 N ORANGE AVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 1425** 83 ORLANDO FL 32801 84 City 85 Zip Code 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 purited name of registered agent and fit of applicable INOTE: Registered Agent signature required when reinstating OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition 1.1 TITLE TITLE NAME CARTER, BYRON N 1.2 NAME P O BOX 752 NA 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32802 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 2.1 TITLE THILE VAT CARTER, BYRON R NAME 2.2 NAME P O BOX 752 NA 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32802 2 4 CITY - ST-ZIP CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE SAT MCPHERSON, NANETTE C 32 NAME NAME STREET ADDRESS P O BOX 752 NA 3.3 STREET ADDRESS ORLANDO FL 32802 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-S1-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

STREET ADDRESS

Byron R. Carter

6.3 STREET ADORESS

6.4 CITY - ST - ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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

1/6/97

(407)425-2729

FILED

Jan 23 1997 8:00am

Secretary of State

(96/6)