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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

	1330					
DOCUMENT # P9400005127 (3)						
•	Y REAL ESTATE, INC.	•				
Principal Place	e of Business	Mailing Address		{		
2368 SUNSET POINT RD.		_	2368 SUNSET POINT RD.			
CLEARWATE	ER FL 34625	CLEARWATER FL 34625	·			
				3. Date Incorporated or Qualified 01/12/1994	3a. Date of Last Report 03/15/1995	
- 1	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	a eta	26		59-3220481	Not Applicable	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Oity & State	€:	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
21p) 1	Country	Zip	Country	8. This corporation has liability for	. ~	
24	25   9. Name and Address of Curre		30]	Florida Statutes Yes	S No	
			81 Name	4		
GRACIA	GRACIA, JOHN A			ANDERSON, GEVRGE B., gt Address, P.O., Box Number is Not Acceptable)		
	SUNSET POINT RD.		<b>□</b>   236	8 SUNSET PUIN	TRO.	
CLEAR	WATER FL 34625		83		1	
			84 City	20111	85 _Zip Code	
11 Durenant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the above named corpor	4RWATER ation submits this statement for the pu	response of changing its registered office	
or register	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	ida. Such change was authorized	by the corporation's boar	d of directors. I hereby accept the app	pointment as registered agent. I am	
SIGNATURE	Mindle B Dull	14127		1	125/96	
	Streature, typed or pricted name of registerer ages		Registered Agent signature required	· · · · · · · · · · · · · · · · · · ·	OATE	
12. 101: f	OFFICERS AN	ID DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12  Change Addition	
NAME	GRACIA, JOHN A	/ X pittie	1.2 NAME		Cusufis Agouph	
SUFFEE ADDRESS	2368 SUNSET POINT RD.		1.3 STHEET ADDRESS			
CHTY - ST ZIP	CLEARWATER FL 34625		1.4 CITY - ST - ZIP			
101.f	D	X OCTELE	2 1 THLE		Change Addition	
NAME	GRACIA, FLORENCE B	. 74	22 NAME			
STEELT ADDRESS	2368 SUNSET POINT RD.		23 STREET ADDRESS			
CHTY - ST - ZIF	CLEARWATER FL 34625	C OFFICE	2 4 CHTY - ST - ZIP	170/20	Channe 199 Addition	
TITLE NAMÉ		☐ DELETE	3 1 TITLE G/D	EDREE NANDERSON	Change Addition	
STREET ADDRESS			33 STREET ANDRESS 36	DAI COUNTAYSIDE	BLVD. ATTI	
City-St-ZiP			3.4 CITY-S1-ZIP C	LEARWATER, FL 3	4621	
THUS		DELETE	4 1 TITLE	10/3	Change Addition	
NAME			4.2 NAME	CAY P. ANDERSO	A. A. H. IIII A	
STREET ADDRESS			4.3 STREET ADDRESS	LEHRWATER, FL 3  AND ERSO  DEL COUNTRYSIDE  LETTRWATER, FL	BLVU, TYTT	
CITY ST ZIP		F"I DELETE	4.4 CITY-ST-ZIP	LETTRWATER, FL	34621	
TITLE		DELETE	5 1 11111		Change Addition	
NAME STREET ACCRESS			5.2 NAME 5.3 STREET ADDRESS			
CITY - ST - ZIP			5 4 CITY-SI-ZIP			
TIBLE	·· · · · · · · · · · · · · · · · · · ·	Filoritie	1 - 1	· · · · · · · · · · · · · · · · · · ·	CD Character CD Addition	
		☐ DELETE	6 1 TITLE		Change Addition	
NAME		[] otten	6 1 TITLE 62 NAME		Change Add:non	

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 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 eath; 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 appears in Block 12 or Block 12 if changed, or on an attachment with an address.

SIGNATURE:

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 (813)725-1607