

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000005671 (0)**

1. Corporation Name

ALL SEASONS' MANAGEMENT REALTY, INC.



Principal Place of Business

**2680 TITANIA RD.
ENGLEWOOD FL 34224**

Mailing Address

**2680 TITANIA RD.
ENGLEWOOD FL 34224**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**ITTERSAGEN, SCOTT D
% BATSEL MCKINLEY ITTERSAGEN GUNDERSON
1861 PLACIDA RD., SUITE 104
ENGLEWOOD FL 34223**

81. Name

82. Street Address P.O. Box Number, if Not Applicable

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1305, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person submitting this statement

Signature of the person submitting this statement

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE	D
NAME	ADAMS, ELAINE J
STREET ADDRESS	2680 TITANIA RD
CITY-STATE-ZIP	ENGLEWOOD FL 34224
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**D
ADAMS, ELAINE J
2680 TITANIA RD
ENGLEWOOD FL 34224**

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13.

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 supplement to 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 owner or business empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Elaine J. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELAINE J. ADAMS

3/12/96

(941) 475-2879

DATE

ORIGINAL PHONE #

CR2E034 (12/95)