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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

SIGNATURE:

P94000019498 (2)

DOCUMENT # P94000019498 (2) 1. Corporation Name CLICATOR OF DEAL FORTER 1149											
SHOV	NCASE SCHOOL OF REAL	. ESTATE, INC				 					
Principal Place	Mailing Addres										
	JRTENAY PKWY										
	SLAND FL 32953	875 N COURTENAY PKWY MERRITT ISLAND FL 32953									
O Dringing Elle	ace of Business		<u> </u>			Date Incorporated or Quali 03/09/1994	fied	3a. Date o	f Last R //1//	•	
2. Principal Pia 21	ace of Business	t	2a. Mailing Address			4. FEI Number 26-7023144			-	Applied For	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						لمساب	Not Applicable 5 Additional	
22		27]	27			5. Certificate of Status Desire	d		, -	Required	
City & State		City & Stat	City & State			6. Election Campaign Financi Trust Fund Contribution	ng			May Be	
Zip 24	1 ·		Zip Coi		r	8. This corporation has liability for intangible t					
24]	25 9, Name and Address of Currer	29] at Registered Agen	30]	т	T-1184-11-1	Florida Statutes 10. Name and Address of N		□No			
				81	Name	10. Name and Address of N	ew He	gistered Ag	ent		
BEACH	HAM, WILLIAM C			82	Dhoot Addus	ss (P.O. Box Number is Not Acce	- 4 - 1 - 1				
	COURTENAY PKWY				Street Addre	SS (F.O. BOX NUMBER IS NOT ACCE	ршы				
MERRI	TT ISLAND FL 32953			83							
				84	City				85 Zij	p Code	
11. Pursuant to or registere familiar with	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori h, and accept the obligations of, Sect	2 and £07.1508, Flor da. Such change wa tion 607.0505, Florid	da Statutes, the abo s authorized by the a Statutes	ove-r corp	L named corpora oration's board	tion submits this statement for the of directors. I hereby accept the	appo	ose of chang ntment as reg	ing its r gistered	egistered office I agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if aurolesable	AIO LE Paractura	1 Acres	it signature required i	they recent that		2025			
12.	OFFICERS AN		13.	a Agrin	k signa die required i	ADDITIONS/CHANGES TO	OFFIC	DATE CERS AND DI	BECTO)RS IN 12	
TITLE	D	☐ DE	LETE 1.11	ITLE					Change	Addition	
NAME	WILLIAMS, RUBY J		12 N	AME							
STREET ADDRESS	3613 S BANANA RIVER DR COCOA BEACH FL 32931	#D205	1.3 \$	TREET	ADDRESS						
CITY-ST-ZIP TITLE	D COOOA BEAUTI PL 32931			TY-S	T-ZIP			-	<u> </u>		
NAME	SYLVAIN, STANLEY A		2.1 Tit 2.2 NA						Change	Addition	
STREET ADDRESS	875 N COURTENAY PKWY				ADDRESS						
CITY-ST-ZIP	MERRITT ISLAND FL 32953			ITY - S'							
TITLE	D	□ DE							Change	Addition	
NAME	BEACHAM, WILLIAM C		3.2 N	AME					, ,		
STREET ADDRESS	875 N COURTENAY PKWY		3 3. \$	TREET	ADDRESS						
CITY-ST-ZIP	MERRITT ISLAND FL 32953			ITY-S	T-ZIP						
TITLE		DE	LETE 41T	ITLE					Change	☐ Addition	
NAME			4 2 N	AME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP TITLE		DE		ITY-SI	1 - 71F'			F3 /	·	FT Address	
NAME		[]	5.2 N					Ц,	Change	Addition	
STREET ADDRESS			a di		ADDRESS						
CITY - ST - ZIP				TY-\$1							
TITLE		DE							Change	Addition	
NAME			6.2 N	ЗМА					-		
STREET ADDRESS			63.51	REET.	ADDRESS						
CITY-ST-ZIP		/		1Y-\$1							
certify that i oath; that I		ial report or Jupition	tarily furnshed and ental any untreport i or trusting empower our actionss.	does s trui red to	s not qualify for e and accurate o execute this i	the exemption stated in Section and that my signature shall have report as required by Chapter 60.	119.0 the si 7, Flor	7(3)(k), Florida ame legal effe ida Statutes;	Statute ot as if and tha	es. I further made under it my name	

ICEH OR DIRECTOR

4/30/96 407.453-7700
Date Doctor Proce 8