SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000021305 (5	DOCUMENT #	P94000021305	(5)
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PLEASANT POINT REALTY, INC.			110310111111111111111111111111111111111		
Principal Place	of Business	Mailing Address		I IRANIADA IND ABIN DIBN DENT ZONY ZONY Z	Olit Oditā tidai tidaē iriji dasar arm ladi
724 NORTH CY	Press Street Springs fl 32043	724 NORTH CYPRESS STRE GREEN COVE SPRINGS FL			
GREEN COTE (Stando Le aro-v			3. Date incorporated or Qualified 03/14/1994	3a. Date of Last Report 11/08/1995
2. Principal Pla	ce of Business	2a. Mailing Address	01008	4. FFI Number	Applied For
1 401-P	3 North Street	26 Post Office.		I	Not Applicable \$8.75 Additional
Suite, Apt # 2 Ч の\-	^	27 401-BN	orth St.	5. Certificate of Status Desired	Fee Required
City & State		City & State	ive. Spasi	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	v Core Spas, IL.	28 EYERN LO	Country	This corporation has liability for	.,
4 320L		29 32043 3	o clay	Florida Statutes	Yes No
-1 6014	9. Name and Address of Curren	t Registered Agent	81 Name (10. Name and Address of New F	
	SON, LARRY D			TIME COLOR	ON)
	CYPRESS ST. N.		82 Street	Iddress (P.O. Box Number is Not Accepted 124 Cupress St.	"N
GHI	EN COVE SPRINGS FL 32043		83		
			84 City (Treen (nue Soas	FL 85 Zip Code 3
	-1 Cost on CO7 050	2 and 607 1508 Florida Statutes	The above-named of	proportion submits this statement for the	numpee of changing its registered
				pration's board of directors. Thereby acce	ept the appointment as registered
	n fam far with and accept the obligation	W O NOV			1396
SIGNATURE	angris on the case In the case of the case		Rugistered Agent signature	require Livings to track (study)	FICERS AND DIRECTORS IN 12
12.	OFFICERS AN	DELETE	13.	P-V-T-5-D	Change Addition
TITLE NAME	COLSON, LARRY D	BLJ	1.2 NAME	CALSAD Shell A.D.	
STREET ADDRESS	724 NORTH CYPRESS STRE	ET	1.3 STREET ADDRESS	124 Cypress Street	. TI 12112
CITY-ST-ZIP	GREEN COVE SPRINGS FL 3		1.4 CITY - ST - ZIP	Wreen Cove Springs	Change Addition
TITLE	ST COLUMN AUGUS	DELETE	2 1 TITLE 2 2 NAME		o ang
NAME	COLSON, SHEILA D 724 NORTH CYPRESS STRE	ET	2.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	GREEN COVE SPRINGS FL 3		2 4 CHY-ST ZIP		
TITLE	CIRCLE OF ILL	DELETE	3 1 1 TLE		Change Addition
NAME.			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	41 TITLE		Change Addition
TITLE NAME		<u> </u>	4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS	}	
CITY - ST - ZIP		T occurs	4 4 CHY - ST - ZIP		Change Addition
TITLE		DELETE	5 1 TIFLE		
NAME			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			5 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	h, and it, that the actionation county	ed with this filma is voluntarily for	64 CITY-ST-ZIP nished and does no	t qualify for the exemption stated in Section and accurate and that my signature	on 119 07(3)(k) Florida Statutes T
14. I do here further ce	ertify that the information indicated o	n this annual report or supplementar of the correctation or the core	ntal annual report is	true and accurate and that my signature wered to execute this report as required	shall have the same legal effect as it by Chapter 617, Florida Statutes, and
- mode un	der oath, that I am an officer or direct name appears in Block 12 or Block 10	TOT OF THE CONDITION OF THE FECE	Well of fluorite ellipe	Nicion to ended to the report of the	
010115	THE SHALLA	() (In O som	\sim	413196	(904) 2841-4500
SIGNAT	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Day	Daylaré Plister R