FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P9400023769 (0)

HELP U BUY REALTY INC.

Principal Place of Business

Mailing Address

FILED Jun 10 1997 8:00am Secretary of State



SSÉ BITTERWOOD COURT KISSIMMEE FL 34749		556 BITTERWOOD COURT KISSIMMEE FL 34743-9001							
					3. Date Incorporated or Qualified 03/24/1994	3a. Date of Last Report 04/22/1996			
	Place of Business	28. Mailing Address			4. FEI Number			Applied For	
Suite, Apt. #, etc.		26		59-3234672					
22		Suite, Apt #, etc.	27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	·		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Countr	У		for intangible tax under s. 199.032,			
LIAI	9. Name and Address of Currer	it Registered Agent	В.	II Nama	10. Name and Address of New Reg	istered Age	nt		
	LORAN, GERARD J BITTERWOOD COURT		0	Name				ĺ	
	SIMMEE FL 34743		82 Street Addi		dress (P.O. Box Number is Not Acceptable	e)			
INO	SMMADE 1 E 04/40		8:	3					
			ļ	J					
			8	City		FL 8	15 Zip:	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	iles, the abo	/e-named co	rporation submits this statement for the pu ation's board of directors. I hereby accep	irpose of ch	anging	its registered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607,0505, F	aumonzea t Torida Statute	by the corpor	ation's board of directors. I hereby accept	the appoint	ment a	s registered	
SIGNATURE	allege & A Aprilla	- GEKAR	D J.	MALL	ORAN 6/	6/9	7		
12.	seignature, lythod or puningstame of registered age		TL: Registered A:	gent signature req	uired when renstating) ADDITIONS/CHANGES TO OFFICE	DATE	DEOTO	50,11,10	
TITLE	OFFICERS AND DIRECTORS DELETE		1.1 1011.6		ADDITIONS/CHAINGES TO OFFICE		Change		
NAME	HALLORAN, GERARD J		1.2 NAME				Onlings	Z romion g	
STREET ADDRESS	556 BITTERWOOD COURT			1 ADDRESS				[8	
CITY-ST-ZIP	KISSIMMEE FL		14 CITY -					Ę	
TITLE	ST DETETE		21 1111				Change	Addition C	
NAME	HALLORAN, SHIRLEY M		2.2 NAME						
STREET ADDRESS	556 BITTERWOOD CT.		2 3 STRF6	1 ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL	***************************************	2 4 CITY	SI - ZIF					
TITLE	□ DELETÉ						Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS				1 ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY	S1 · ZIP			06		
NAME		LJ OLICIE	4.1 TITLE 4. 2 NAME	.			Change	Addition	
STREET ADDRESS				1 ADDRESS					
CITY-ST-ZIP									
TITLE		☐ DELETE	5.1 TITLE	51-211		П	Change	Addition	
NAME			5.2 NAME			۷			
STREET ADDRESS				1 ADDRESS					
CITY-ST-ZIP			5.4 CITY						
TITLE	···	DELETE	6.1 Trice				Change	Addition	
NAME			62 NAME				-		
STREET ADDRESS			6.3 STREE	T AODRESS					
CITY-ST-ZIP			6 4 CITY-	S1 - ZIP					

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 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

11.7 1.10 117