

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 28 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000027563 (3)**

1. Corporation Name

SORENSEN REALTY, INC.

Principal Place of Business

**1105 S.E. CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

Mailing Address

**1105 S.E. CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/11/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0481365	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.
4306 Del Prado Blvd

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.
4306 Del Prado Blvd

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SORENSEN, CATHY J
1105 S.E. CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPVS	<input type="checkbox"/> DELETE
NAME	SORENSEN, CATHY J	
STREET ADDRESS	1105 S.E. CAPE CORAL PARKWAY	
CITY - ST - ZIP	CAPE CORAL FL 33904	

TITLE	T	<input type="checkbox"/> DELETE
NAME	SORENSEN, CATHY J	
STREET ADDRESS	1105 S.E. CAPE CORAL PARKWAY	
CITY - ST - ZIP	CAPE CORAL FL 33904	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 oath; 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 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

7/21/97

CR2E034 (4/97)

SORENSEN

REALTY, INC.



July 21, 1997

Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs

Enclosed please find the Annual Reports for two corporations, SRI Referral Corporation and Sorenson Realty, Inc. This is the second filing of these reports. The original reports were filed on April 28, 1997, in the same envelope addressed to Division of Corporations, Annual Reports Section, P.O. Box 1500, Tallahassee, FL 32302-1500 and included two separate checks each in the amount of \$165.00 made payable to the Department of State. SRI Referral Corporation check was number 1011 and Sorenson Realty, Incorporated was check number 3180.

If you receive the checks above referenced, please return them to me. I am reissuing them today. SRI Referral Corporation is check number 1021 and Sorenson Realty, Inc. is check number 3389.

Sincerely

A handwritten signature in cursive script that reads "Cathy J. Sorenson".

Cathy J. Sorenson