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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400036806 (5)

"BUY THE AMERICAN DREAM" REALTY, INC.

										A BIR IBBI	
Principal Place of Business Mailing Address							1 40 460 14416 0		J 8		
4111 HWY 41. SUITE 303-O LAND O'LAKES FL 34639			P.O. BOX 2215 LAND O'LAKES FL 34639-2215 US								
US							 Date Incorporated or Qualified 05/16/1994 		e of Last P 1/1996	eport	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		A	oplied For	
21			26				59-3243356	59-3243356 Not Applicable			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5, Certificate of Status Desired			Additional	
City & State			[27]				O, OTHER STORAGE BOOK OF		Fee R	equired	
			City & State				6. Election Campaign Financing	C-7		May Be	
Zip	Country	28	Zip	Cou	ole.		Trust Fund Contribution			to Fees	
24	25	 	Σip	—	HLLY		8. This corporation has liability for			. 199.032,	
24	9. Name and Address of Current	29] LBegiste	ered Agent	30			Florida Statutes 10. Name and Address of New Re		No		
HOE		· · · · · · · · · · · · · · · · · · ·	ord rigorit		81	Name	10. Hanie and Address of New A	Bistelen H	Seur		
	rvath, synthia 1 HWY 41					·					
					82	Street A	Address (P.O. Box Number is Not Accepta	ole)			
Suite 303-Q Tampa Fl. 34639			\{\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\								
I ANN	ILW Er 94098				••						
	• •				84	City		FL	1 .	Code	
11. Pursuant office or a agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State amount in familiar with, and accept the obligations.	? and 60 of Florida flions of,	7.1508, Florida Statu a. Such change was Section 607.0505, Fl	ites, the ab authorized lorida Stati	i by ites	e-named of the corp s.	corporation submits this statement for the oration's board of directors. I hereby acce	ourpose of pl the appo	changing it intment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered ager	t and title if	applicable (NO	Ti: Registered	Age	nt signature i	required when reinstating)	DATE	 		
12.	OFFICERS AND	DIRLC'		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	IS IN 12	
TITLE	DPST		DELETE	1.1 111	ŧΕ		OPST		Change	Addition	
NAME	HORVATH, SYNTHIA			1.2 NA	ME		Horvath, Synthia	D F	1ETA	_	
STREET ADDRESS	5020 GUNN HIGHWAY, SUITE :	220-C		1.3 ST	HEF I	ADDRESS	P.O. Box 2215 Land O' Cakes, FL	~ 11/-		ا س.ّ	
CITY-ST-ZIP	TAMPA FL 33624			1.4 CII	Y- S	1 - ZIP	Land O' Lakes, +L	3463	9-20	がつ	
TITLE	DPST 1 C +	1 _	DELE1E	2 1 TH	L E .	i			Change	Addition	
NAME	HORVATH, SYNT	V166	•	22 NA	MÉ		HORVATH, SYNTHIA				
STREET ADDRESS	,)			2.3 \$1	REE 1	ADDRESS	4111 HWY 41 Su 303 (ર્			
CITY-ST-ZIP				2. 4 Ci	IY-5	1 - 7IP	4111 HWY 41 Su 303 C LAND O'LAKES FLOND	A 344	39		
TITLE			☐ DELE1E	3 1 111	LE			Į	Change	Addition	
NAME				3 2 NA	ME						
STREET ADDRESS				3.3 510	REET	ADDRESS					
CITY-ST-ZIP			T be ere	3.4. CI		1 - Z(P		,			
TITLE			[] DELFTE	4.1 TIT				Į	Change	Addition	
NAME				4. 2 N/].					
STREET ADDRESS		-		4.3 ST	KEE 1	ADDRESS					
CITY-ST-ZIP			Nei ere	4.4 CIT		T-ZIP					
TITLE			DELETE.	5.1 1(1		1		Į	Change	Addition	
NAME				5.2 NA		Ì					
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				5.4 CIT		T-ZIP		 , , , , , , , , , , , ,			
TITLE			☐ DECETE	6.1 TIT				ł	Change	Addition	
NAME				6.2 NAI	ME						
STREET ADDRESS				6.3 \$16	REET	ADDRESS					
CITY-ST-ZIP				6.4 CH	V-S	[-7IP					

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 dysporation of vision empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of the control of the dysporation of the control o

FILED

Apr 25 1997 8:00am

Secretary of State