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

PROFIT · CORPORATION ANNUAL REPORT



. FLORIDA DEPARIMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name HARBERT REALTY SERVICES OF FLORIDA, INC.  Principal Place of Business Mailing Address 601 S. LAKE DESTINY ORLANDO FL 32751  1901 6TH AVENUE NORTH SUITE 2520										
			BIRMINGHAM AL 352 US	103			3. Date Incorporated or Qualified 07/05/1994	3a. [	Oate of Last Re 05/10/19	
2. Principal Place of Business			Mailing Address				4. FEI Number 63-1126826	Applied For Not Applicable		
Suite, Apt. #, etc.			Suite, Apt #, etc.				5. Certificate of Status Desired	\$9.75 Additional		
City & State		27	Oity & State			· · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing		\$5.00	May Be
<b>23</b> Zip	Country	28	<i>Ζ</i> ιρ	Countr	у		Trust Fund Contribution  8. This corporation has liability for			d to Fees 199.032,
24	9. Name and Address of Curre	29 ent Regis	tered Agent	30]			Florida Statutes Yes  10. Name and Address of New F	$-\tau$		
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CT CORPORATION SYSTEM				82	2	Street Addre	ress (P.O. Box Number is Not Acceptable)			
	PINE ISLAND ROAD ITION FL 33324			83	3 -					
1 1 12/11/2	CHOIL I COOLT								1_1 = 1	
				84	84 City		FL 85 Zip Code ration submits this statement for the purpose of changing its registered offi			
familiar wit	h, and accept the obligations of, Sec Signature, types or printed have of reported ago OFFICE AS AI	ation 607.	0505, Florida Statute भग कांगः (भ	S. OTE Seg dered Age			d of directors. I hereby accept the app	DAT		
TITLE	D		DELETE	1 1 TITLE					Change	☐ Addition
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NAME	LYNCH, HARRY			2.2 NAME						_
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NAME	FINDLEY, KENNETH		ب مدد دد	3.2 NAME					☐ Onlings	L] Addition
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NAME				4.2 NAME						
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NAME			•	62 NAME			70000178	344	177	-
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14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 chamber, or on an attachment with an address

SIGNATURE (

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytme Phone #

CR2E034 (12/95)