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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000053880 (8) DOCUMENT #

BANCROFT REALTY INC.

通用 精神にすない

Principal Place of Business Mailing Address 2430 DEER RUN BLVD 2430 DEER RUN BLVD LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470

**FILED** Apr 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1994 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0506592 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23  $\Box$ Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DEFEDE, EDWARD P 2430 DEER RUN BLVD **B2** Street Address (P.O. Box Number is Not Acceptable) LOXAHATCHEE FL 33470 83 City 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE \_\_\_ DELETE Change Addition NAME DE FEDE EDWARD P 1.2 NAME CR2E034 2430 DEERUN BLVD STREET ADDRESS 1.3 STREET ADDRESS LOXAHATCHEE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS 2. 4 DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 6.1 TITLE Addition 62 NAME NAME 63 STREET ADDRESS CITY-ST-ZIP

14. I 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 attrichment with an address.

SIGNATURE: