FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

95 MAY -1 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000059568 (3)**

1. Corporate Name
REAL ESTATE HOLDINGS, INC.

Principal Place of Business
555 ESTATES PLACE
LONGWOOD FL 32779

Mailing Address
555 ESTATES PLACE
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **08/10/1994**

3a. Date Last Engaged

2. Principal Place of Business
21 773 DOUGLAS AVENUE
22 Suite, Apt. #, etc.
23 City & State: ALTAMONTE SPRINGS, FL
24 32714 25 USA

2a. Mailing Address
26 773 DOUGLAS AVENUE
27 Suite, Apt. #, etc.
28 City & State: ALTAMONTE SPRINGS, FL
29 32714 30 USA

4. FEI Number: 59-3273902 — Applied For / Not Applicable

5. Certificate of Status Desired: ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

8. Does corporation owe back taxes? Florida Statute 607.193(2)(a) ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TRICKER, DAVID W
555 ESTATES PLACE
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: CHARLOTTE E. NANFELT
82 Street Address (P.O. Box Number is Not Acceptable): 585 ESTATES PLACE
83
84 City: LONGWOOD FL 85 Zip Code: 32779

11. Signature required from each person having the authority to execute documents on behalf of the corporation. Typed or printed name and title must be provided. Florida Statute 607.193(2)(a) requires that this report be signed by at least one officer or director.

CHARLES E. NANFELT

12. Officer and/or Director Name(s) and Address(es)

Vice President
CHARLOTTE E NANFELT
585 ESTATES PLACE
LONGWOOD, FLORIDA 32779

13. Additional Officer and/or Director Name(s) and Address(es)

14. I hereby certify that the information indicated on this report or supplemental requirement 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 Florida Statute; and that my name appears in Block 11 or 12 above, with an asterisk (*) before the name of each person who signs this report.

SIGNATURE: 4/28/95 407-786-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0045080 CP