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PROFIT CORPORATION ANNUAL REPORT

1996



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

| • | | |
|------------|--------------|-----|
| DOCUMENT # | P94000063191 | (8) |

| 1. Corporation Name ALL AMERICAN REALTY OF CENTRAL FLORIDA, INC. Principal Place of Business 708 S. DIXIE AVE. FRUITLAND PARK FL 34731 P.O. BOX 477 FRUITLAND PARK FL 34731 | | | | | | | |
|---|--|---------------------|--|---|----------------------|-----------------------|----------------------------|
| | | | | 3. Date Incorporated or Qualified 08/25/1994 | | of Last R 1/24/199 | |
| | lace of Business | 2a. Mailing Address | | 4. FEI Number 59-3265809 | | | Applied For |
| 21 36301 Suite Ant | Linney Ridge Blud #. etc. and Park, FL | Suite, Apt. #, etc. | | | | <u></u> | Not Applicable Additional |
| 22 Fruit/ | and Park FL | 27 | | 5. Certificate of Status Desired | | • | Required |
| City & Stat | e | City & State | | 6. Election Campaign Financing | <u></u> | | May Be |
| 23 | | 28 | 1 0 | Trust Fund Contribution | LJ | | d to Fees |
| Zip 24 347 | Country 25 LAKE | Zip | Country 30 | This corporation has liability for Elorida Statutes | untangibe t s ■No | ax under s | 199.032, |
| 23 0 1 7 | 9. Name and Address of Curre | 1 1 | 1001 | 10. Name and Address of New | Registered | Agent | |
| | | | 81 Name | | | | |
| | , ROBERT R | | 82 Street Ad | dress (P.O. Box Number is Not Accepta | bi€) | | |
| | NORTH 3RD ST. | | 83 | | | | |
| LEESBL | JRG FL 34748 | | 63 | | | | |
| | | | 84 City | | FL | 85 Zu | o Code |
| SIGNATURE | | ND DIRECTORS | OTE: Registered Agent signature respo | ADDITIONS/CHANGES TO OF | | DIRECTO | RS IN 12 |
| TITLE | D GREEN, GEORGE F | ☐ DELETE | 1.1 TITLE 1.2 NAME | | | Change | □] Apoliton |
| STREET ADDRESS | 3004 S. PENINSULA DR. | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | DAYTONA BEACH FL 32118 | 3 | 1.4 CHY-ST-ZIP | | | | |
| THILE | D | DELETE | 2 1 TITLE | | 1 | Change | Addition |
| NAME | BOWERSOX, RICHARD P | | 2.2 NAME | | | | |
| STREET ADDRESS | 3928 WOODPECKER DR. | • | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP TITLE | FRUITLAND PARK FL 34731 | DELETE | 2 4 CHY+ST+ZIP 3 1 TITLE | | | Change | Addition |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4 CITY - ST - ZIF | | | | |
| TITLE | | ☐ DELETE | 4. 1 TITLE | | 1 | Change | Add tion |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5 1 TILLE | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREFT ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 C(1Y - S1 - Z(F) | | | - w · | |
| TITLE | | ☐ DELETE | 6 1 TITLE | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREFT ADDRESS | | | 6 3 STREET ADDRESS 6 4 CHY - ST - ZIP | | | | |
| CITY-ST-ZIP | • | | | | | | |

14. To hereby certify that the information supplied with this filing 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 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN TYPE OF SIGNING OFFICER OR DIRECTOR Jan. 17 1996 352/787-0749