SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

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Charles 22 (20)	PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham		FILED		
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ANNUAL REPORT Secretary of State		g a con ton the			
1998	DIVISION OF (CORPORATIONS		5 4 4 5 4 5 4 5 5 6 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
00.14			98 NOV -9 AM II:	∠	
DOCUMENT # 1940000 66 110					
I 1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Regent Realty Corp			TALLAHASSEE, FLURIDA		
Meder					
•					
Principal Place of Business Mailing Address			7		
20 Mars + Daire					
28 CALEPAT DRIVE					
28 Cajeput Drive Naples, FL, 34108			DO NOT WRITE IN THIS SPACE		
11/100, 1-1, 3:11			Date Incorporated or Qualified		
			918 194	9 18 194	
L	Mailing Address		4. FEI Number 0573517	Applied For	
21 26			6)-00 1331 1	Not Applicable	
Suité, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22				Fee Required	
City & State		_	6. Election Campaign Financing	\$5.00 May Be	
23 28	_		Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	8. This corporation owes or has pald the c		
24 25 29		30	Personal Property Tax due June 30.	Yes L No	
9. Name and Address of Current Regis	tered Agent	2.1	10. Name and Address of New Registere	d Agent	
Osilla Parsall		81 Name	nike Rowell		
Mike Powell 28 Capeput Dr. Naples, FL. 34108 1 Name M 82 Street Address Naples, FL. 34108					
28 Careput In.			28 Chreat Dr		
0/10 of 5 TT 20/10 P			Alaska		
Maples, +C - Strong			NADES	REL Zin Codo	
			Urioles F	L 34788	
11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered eigent, of 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 bigations of, Section 607.0505, Florida Statutes.					
	0500001 001 100000, 1 100	rad Diagram	1//	1/9A	
SIGNATURE Signaface typod or printed name of eight are nit and title in	applicable (NOT	: Registered Agent signature require	ed when reinstating) DATE		
12. OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12	
mie Pres	☐ DELETE	1,1 TITLE		Change	
NAME Virginia Powell STREET ADDRESS 28 CAJEPUT DA.		1 2 NAME	700002690	neare	
STREET ADDRESS 28 CRIPPUT DA		1.3 STREET ADDRESS	-11/18/98-	-01078007	
CITY-ST-ZIP ALA ALOC FL 34	(DP	14 CITY-ST-ZIP	****ŠŠĎĎ		
TITLE	DELETE	2.1 TITLE	ı	Change Addition	
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP		2 4 CITY-ST-ZIP			
TITLE	☐ DELETE	3 1 TITLE		Change Addition	
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STREET ADDRESS		3 3 STREET ADDRESS		[
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DÉLETE	4 1 TITLE		☐ Change ☐ Addition	
		.			
NAME		4. 2 NAME			
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GIYY-ST-ZIP	D ocuere	4.4 CITY-ST-ZIP		Observed	
TITLE	☐ DELETE	5.1 TITLE		Change Addition	
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CITY-ST-ZIP	11 50	5.4 CITY-ST-ZIP			
TOTLE	☐ DELETE	61 TITLE	_ 1 4	L Change L Addition	
NAME		62 NAME	7 11 Links \sim		
STREET ADDRESS		6.3 STREET ADDRESS	5 111131UL 12	m_{ℓ}	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	J 10 10	10	
14. I hereby certify that the information supplied with this fill	ing does not qualify for	the exemption stated in Si	ection 119.07(3)(i), Florida Statutes. I further co	ertify that the information	
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 of 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 attachment with an address.					
SIGNATURE: 1) Urging toured 9/28/98 941-597-5706					
SIGNATURE . SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER	OR DIRECTOR	Ofte	Daytime Phone #	