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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P94000074045 (3)

 Corporation Name HELP-U-BUY REAL ESTATE AGENCY, INC.

Mailing Address Principal Place of Business



1425 LAIRE KEY WEST			1425 Laird Street Key West Fl 33040						
						<ol> <li>Date incorporated or Qualified</li> <li>10/05/1994</li> </ol>	3a. Date	of Last F 01/19/	1995
2 Principal Pla	ace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number			Applied For
21		26	26			65-0529154		L	Not Applicable
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional
22		27	7						Required
City & State	0	City & 28	City & State			Flection Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
<b>23</b> Zip	Country	Zip		Country		8. This corporation has liability for	intang blo ta	ix under:	s 199.032.
24	25	29		30			<b>X</b> No		
	9. Name and Address of Curr	ent Registered A	Agent			10. Name and Address of New F	Registered	Agent	
				81	Name				
POWII	E, DORIS M			82	Chroat Ac	dress (P.O. Box Number is Not Acceptal	ple)	<del></del>	
	LAIRD STREET			102	SHEELAL	iciiess ( .o. co., , co	••		
	VEST FL 33040			83	i				
REII	1E31 FE 33040							85	Zip Code
				84	City		FL	.  °°'	if Code
44 50	to the avaidance of Sections 607.05	02 and 607 1508	Florida Statuti	es, the above:	Laned con	poration submits this statement for the pupard of directors. Thereby accept the app	irpose of ch	anging its	registered office
CICNATURE	ith, and accept the obligations of, So				nt Signature (eq	uros <b>भ</b> ौरत स्थाड्डवेन्ड्रो	DATE		
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF			
TITLE	C		□ DELE1E	1 1 TITLE	]	P A Revise	`~ '	Chang	AGUINO1
NAME	BOWIE, RAYMOND J			1.2 NAME	}	301M GNO JASOUS	1C #	104	
STREET ADDRESS	1425 LAIRD ST			1.3 STREE	LADDRESS 4	100 SIXAN TIVES			
CITY-ST-ZIP	KEY WEST FL			1.4 C(1Y)	S1-ZIF	Raymond J. Bow 700 Sixth Ave S Vaples FL 33	740		
TITLE			DELETE	2 1 TITLE		•		☐ Chang	e 🔲 Addition
NAME				2.2 NAME	1				
STREET ADDRESS				2.3 \$1800	I ADDRESS				
CITY - ST - ZiP				2.4 CITY -	ST-ZIF				El Maria
THUE			DELETE	3. 1 THLE				Chang	e 🔲 Add-tion
NAME	1			3 2 NAME					
STREET ADDRESS	. [			33 SIRE	ET ADDRESS				
CITY-ST-ZIP				3.4 CITY	S1-719			- A	. Fin Address
TITLE			☐ DELETE	4. 1 TITe				Chang	je 🔲 Addition
NAME				4.2 NAME	1				
STREET ADDRESS				4.3 STRE	I ADDRESS				
CITY-ST-ZIP				4.4.0.TY	ST-ZiP			<del></del>	F7 - 1100
TITLE			DELETE	5 1 1 ITL				Chang	ge 🔲 Addition
NAME				5.2 NAMI	.				
STREET ADDRESS				5.3 STRE	F1 ADDRESS				
CHTY-ST-ZIP				5.4 CITY	S1 - ZIF				
TITLE			DELETE	6 1 1ITL				☐ Chan	ge 🔲 Addition
NAME				62 NAM					
STREET ADDRESS	s			6 3 STRE	ET ADDRESS				
SINECT MUUNESS	<b>'</b>			64003	- SI - 7IP				_

14. I do 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). Fiorida 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 attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR