FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUL 28 PM 2:02

DOCUMENT # P94000075150 (0)

1. Corporation Name
ALL FLORIDA DISCOUNT REALTY SERVICES, INC.

Principal Place of Business	Mailing Address
700 EAST ATLANTIC BLVD. STE. 202 POMPANO BEACH FL 33060 US	700 EAST ATLANTIC BLVD. STE. 202 POMPANO BEACH FL 33060-6362 US

3. Date Incorporated or Qualified: 10/10/1994
3a. Date of Last Report: 08/12/1996

2. Principal Place of Business
21 804 NE 4 AVENUE
Suite, Apt. #, etc. 22
City & State 23: FORT Lauderdale
Zip 24: 33304 Country 25: USA

2a. Mailing Address
26 264 NW 46 STREET
Suite, Apt. #, etc. 27
City & State 28: Boca Raton
Zip 29: 33431 Country 30: USA

4. FEI Number: 65-0530504 ☐ 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. This corporation has liability for intangible tax under s. 199.0 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
KUTCHINS, BRYAN A
3711 TAMPA ROAD STE. 103
OLDSMAR FL 34677

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 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, 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: [signature] PRESIDENT 04/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ A
NAME	KUTCHINS, SCOTT S		1.2 NAME	KUTCHINS, SCOTT S	
STREET ADDRESS	700 EAST ATLANTIC BLVD, #202		1.3 STREET ADDRESS	804 NE 4 AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ A
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ A
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ A
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ A
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ A
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

400002251644--3
-07/29/97--01129--018
****165.00 ****165.00

QR 7/29

14. I do 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; 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] President Scott S. Kutchins 04/20/97 561-394-0126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #