FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 22 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000082417 (4)**

1. Corporation Name

BANKERS FIRST REALTY, INC.

Principal Place of Business	Mailing Address
2559 NURSERY ROAD SUITE B LECHER CENTER CLEARWATER FL 34624	2559 NURSERY ROAD SUITE B LECHER CENTER CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/08/1994

3a. Date of Last Report: NONE

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: APPLIED FOR — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

ASNER, LANNY
2559 NURSERY ROAD SUITE B
LECHER CENTER
CLEARWATER FL 34624

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 or 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	[ ] Change [ ] Addition
NAME	ASNER, LANNY	12 NAME	
STREET ADDRESS	240 WINDWARD PASSAGE UNIT 903	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	V [X] Change [ ] Addition
NAME	HEAL, ERIC V	22 NAME	L. KENNETH FROST
STREET ADDRESS	7609 CAMELOT ROAD	23 STREET ADDRESS	2718 ASHWOOD COURT
CITY-ST-ZIP	PORT RICHEY FL 34668	24 CITY-ST-ZIP	CLEARWATER, FLORIDA 34621
TITLE	STD	31 TITLE	[ ] Change [ ] Addition
NAME	ASNER, GWENDOLYN	32 NAME	
STREET ADDRESS	240 WINDWARD PASSAGE UNIT 903	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615	34 CITY-ST-ZIP	
TITLE		41 TITLE	V [ ] Change [X] Addition
NAME		42 NAME	GERALD MOORE
STREET ADDRESS		43 STREET ADDRESS	7134 NORTH 50TH STREET
CITY-ST-ZIP		44 CITY-ST-ZIP	TAMPA, FLORIDA 33716
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

$8/6/96

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)(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 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: _____ MAY 12, 1995 ph: 813-530-9998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LANNY ASNER- PRESIDENT

0359466 CP