

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000090206 (1)**
1. Corporation Name

ANDY GRAY SCHOOLS OF REAL ESTATE, INC.



Principal Place of Business: **1844 RIVIERA CIRCLE SARASOTA FL 34232**
Mailing Address: **1844 RIVIERA CIRCLE SARASOTA FL 34232**

2. Principal Place of Business: **21** State: Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** State: Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **01/01/1995**
3a. Date of Last Report: **01/01/1995**
4. FET Number: **65-0551923** 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. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent: **GRAY, ANDY 1844 RIVIERA CIRCLE SARASOTA FL 34232**
81. Name: **GRAY, ANDY**
82. Street Address (P.O. Box Numbers Not Acceptable): **1844 RIVIERA CIRCLE**
83. City: **SARASOTA**
84. Zip Code: **FL 34232**

11. Pursuant to the provisions of Sections 607.0107 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 is authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0109, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	ANDY GRAY	1844 RIVIERA CIRCLE	SARASOTA, FL 34232		MARJORIE GRAY	1844 RIVIERA CIRCLE	SARASOTA, FL 34232	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
								<input type="checkbox"/> Change <input type="checkbox"/> Addition
								<input type="checkbox"/> Change <input type="checkbox"/> Addition
								<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied on 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 12 or Block 13 hereon, or on an attachment with an affidavit.

SIGNATURE: *Andy Gray* **ANDY GRAY** 4/16/96 941-921-5327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing

CR2E034 (12/95)