SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION 1996

SIGNATURE:

RE AND TYPED ON PRINTED NAME OF



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

ANNUAL REPORT DIVISION OF CORPORATIONS P95000003746 (1) **DOCUMENT #** HEART & HOME REALTY, INC. Principal Place of Business Mailing Address 825 S.E. 47TH TERRACE 825 S.E. 47TH TERRACE CAPE CORAL FL 33904 CAPE CORAL FL 33904 3a. Date of Last Report 3. Date incorporated or Qualified 01/12/1995 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199 032 Zio Country Z_{1D} Yes 🔲 No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 KENNEDY, BARBARA J 825 S.E. 47TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 84 85 Zip Code City 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. Thereby accept the appointment as registered agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Stgnature, type if or printed nonle of registered agent and title if applicable (hOff: Registered Agent's gnature required when mentaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS DELETE 11TILE TITLE 1.2 NAME NAME KENNEDY, BARBARA J STREET ADDRESS 825 S.E. 47TH TERRACE 13 STREET ADDRESS CAPE CORAL FL 33904 14 CiTY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 2.1 FF LE THILE 2.2 NAME NAME 23 STREE! ADDRESS STREET ADDRESS. 2 4 CHY - ST - ZIE CITY-ST-ZIP Change Addition TITLE DELETE 3 1 HILE 32 NAME NAME 3.3 STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE ____ Change ____ Addition 4.1 TiTLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CiTY-ST-ZIP DELETE Change Add-tion TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ACCRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP Change Addition DELETE € 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZiP CITY - ST - ZIP 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). 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 617. I forida Statutes, and that my name appears in Block 13 if changed, exign an altachment with an address.

6-14-56 741548

(36/8)

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