

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Jun 19 1996 8:00 am  
Secretary of State

**DOCUMENT # P95 00000 7414**

1. Corporation Name

**JENSEN REALTY, INC.**

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 **7000 W. PALMETTO PARK ROAD**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 408**

27

City & State

City & State

23 **BOCA RATON, FL**

28

Zip

Country

Zip

Country

24 **33433**

25 **USA**

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

**1-27-95**

4. FEI Number

Applied For

**65-0559012**

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

81 Name

**MARIA S. ASHENFELTER**

82 Street Address (P.O. Box Number is Not Acceptable)

**7000 WEST PALMETTO PARK ROAD**

83

**SUITE 408**

84 City

**BOCA RATON**

FL

85 Zip Code

**33433**

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

*Maria S. Ashenfelter*

*6/6/96*

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
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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

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**D, P. GREGORY COMBS**  
**3857 CORAL TREE CIRCLE #208**  
**COCONUT CREEK, FL 33073**

**D, V. BARBARA ALICIA**  
**710 EXECUTIVE CENTER DRIVE, #6-31**  
**WEST PALM BEACH, FL 33401**

**D, S. ARLENE ADELKOPF**  
**7561 N.W. 16TH STREET #2210**  
**PLANTATION, FL 33313**

**700001869087**  
**-06/20/96--01026--023**  
**\*\*\*225.00**

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 hereby 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: *Gregory Combs* **GREGORY COMBS**

*5/17/96* **407-394-4224**

CR2E034 (12/95)