SECOND AMOUNT DU) NOTICE: CORPORATION OF BEFORE 8/7/96: \$	ON WILL BE DISSOLVED (225 (IF DISSOLVED, MINIMU	ON OR AFTER A	AUGUST 7, 1996. To reinstate: \$375.)		
1	PROFIT	ATHE SE		IMENT OF STATE		
	RPORATION UAL REPORT		Sandra B	Mortham		
, , , ,	1996		Secretary DIVISION OF C			
DOOLA		WITT IS		OHPOHATIONS		
	MENT # P(950000231	46 (0)		ļ	
FOUR	TOWNES REALTY	INC.	'arrected	010 1000	i ifficēri die crest bullo seill bedu ex	III ac ii a iirra kirak ii o ir kunk oin ion
Principal Place of Business Mailing Address						
3181 OVERDALE ST. DELTONA FL 32738			3181 OVERDALE ST. DELTONA FL 32738			
					3. Date Incorporated or Qualified 03/20/1995	3a. Date of Last Report
2. Principal P	race of Business	2a. Mading 26	Address		4. FE! Number	Applied For
Suite, Apt	Suite, Apt. #, etc.		Suite, Apt. #, etc			Not Applicable \$8.75 Additional
City & State	e	27 City 8	State		5. Certificate of Status Desired	Fee Required
23 Zip	Count	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country 25	Zip 29	3	Country 30	8. This corporation has hability for i	ntangible tax under s. 199.032, Yes No
010		s of Current Registered Ac	jent	81 Name	10. Name and Address of New Re	istered Agent
O'CONNELL, SARAH J 3181 OVERDALE ST. DELTONA FL 32738					ress (P.O. Box Number is Not Acceptabl	
				83		e)
•						
11 Pursuant	to the are size of Cook	- 007.000		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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.						
SIGNATURE	Selection (1 - O'Corne DO			June	Jy 1996
12.		Incorporated agent and the if applicate. FICERS AND DIRECTORS	1 afoni	Roy stered Agent's gnature requi	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	D CONNELL CARA		DELETE	1 1 TIFLE	The state of the s	ERS AND DIRECTORS IN 12 (6) (6) (7) Change Adultion (7) Adultion (7) (7) (7) (7) (7) (7) (7) (7) (7) (7)
STREET ADDRESS	O'CONNELL, SARA 3181 OVERDALE SI			1.2 NAME 1.3 STREET ADDRESS		34 (
CITY-ST-ZIP	DELTONA FL 32738	• •		14 CITY-ST-ZIP		ZEC
TITLE NAME			DELETE	2 1 TIFLE		Change Addition
STREET ADORESS				2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP				2 4 City - St - ZiP		
TITLE			DELETE	3 1 TITLE		Change Addition
NAME STREET ADDRESS				3.2 NAME	-	
CITY - ST - ZIP				3 3 STREET ADDRESS 3 4 CITY - ST - ZIP		
TITLE			DELETE	4 † TITLE		Change Addition
NAME STREET ADDRESS				4 2 NAME		
CITY-ST-ZIP				4 3 STHEET ADDRESS 4 4 CHY-ST-ZIP		
THTLE			DELETE	51 TITLE	7.41	Change Addition
NAME CIRCL ADDRESS				5.2 NAME	70000187	1657
STREET ADDRESS CITY - ST - ZIP				5 3 STREET ACORESS	70000187 -06/21/960109	1018
TITLE		L	DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	***233.75	Change Addition
NAME				6.2 NAME		
STREET ADDRESS CITY-ST-ZIP				6.3 STREET ADDRESS		(201)
14. I do hereby	y certify that the informatio	on supplied with this filing is	voluntarily furnis	64CiTY-ST-ZiP thed and does not quali	fy for the exemption stated in Section 11	9 07(3)(k), Florida Statuta, T
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 direct as if that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address						
SIGNATURE: JULIA J. COMALO. SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JULIA 1994 (401) 860 - 3335						