FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

CITY - ST - ZIF

SIGNATURE:

Lam an officer or director of the corpora appears in Block 12 or Block 13 if chan



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000027650 (7)

EXECUTIVE REALTY SERVICES, INC.

RE/MAX EXECT 10033 W HILLS TAMPA FL 336 US	BOROUGH	RE/MAX EXECUTIVE REALTY 10033 W HILLSBOROUGH TAMPA FL 33615-3000 US		3. Date Incorporated or Qualified 04/06/1995	3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address	1.11	4. FEI Number	Applied For
	9 W. Hillsborough Am	e 26 10029 W.	tillsborough A	59-3310566	Not Applicable
Suite, Apt.	#, etc VA, FC	Suite, Apt. #, étc.		5. Certificate of Status Desired	S8.75 Additional Fee Regulred
23 City & Stat	(e *	City & State 28 TAM DA, FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 ろろし	© Country (25)	29 33615 30	Country		Yes No
		Registered Agent		10. Name and Address of New Re	gistered Agent
- 762 6	TA, SALVATORE 2-WOODBRIDGE BLVD. 434 PA FL 33615 TAM	4 Outrigger la PA,FL 33615	81 Name 82 Street Addis	ess (P.O. Box Number is Not Acceptat	le)
	_		84 City		FL 85 Zip Code
office or agent. Les	registered spant, or both, in the state on familiar with, and accept in obligations by the complete of restate ager. OFFICERS AM.	tions of Section 607,0005, Floric	norized by the corporation a Statutes. SAVADORE egistered Agent signature require 13.	, ,, ,, ,,	15-97 DATE
Title	D	DELETE	1.1 TITLE		Change Addition
Name	MAITA, SALVATORE		1.2 NAME		-
STREET ADDRESS	7622 WOODBRIDGE BLVD. TAMPA FL 33615		1.3 STREET ADDRESS		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		·· • —
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIF			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		- ·
STREET ADORESS			3.3 STREET ADDRESS		
CHY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREE! ADDRESS			4.3 STREET ADDRESS		
CITY ST ZIP			4.4 City-St-Zip		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		.—	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C TY - ST - ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
		bud Dictie	6.2 NAME		- Complete - Comment
NAME			U.Z NAME		

14. I do hereby certify that the information supplied with this filing 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