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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000044413 (9)

FINA REALTY, INC.

SIGNATURE:

Principal Place of Business Mailing Address 10383 ORANGEWOOD BLVD. 10363 ORANGEWOOD BLVD. ORLANDO FL 32821-8239 ORLANDO FL 32821 3. Date Incorporated or Qualified 3a, Date of Last Report 06/08/1995 03/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3329171 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intengible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CATHCART, CHRISTOPHER C 330 N BROADWAY AVE Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32803 83 84 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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition NAME FINKLESTEIN, DONNA 1.2 NAME 5825 PARKVIEW POINT DR 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32821 COTY - ST - ZIP 1.4 CITY-ST-ZIF DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - S1 - 7IP DELETE Change Addition 3 1 TITLE Til, E NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP CHTY - ST - ZIF DELETE 4.1 TITLE Addition TIT.E DAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - Z-P 4.4 City - St - ZIP DELETE Change Addition 5.1 TITLE THILF 5.2 NAME NAM: STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP CHTY+ST-20F DELETE Addition 6.1 TITLE Change TITLE NAME. 6.2 NAME 6.3 STREET ADDRESS STIFEFT ADDRESS

6.4 CITY-ST-ZIP

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.

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