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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000052214 (0)

1. Corporation Name

TRAXLER REALTY GROUP, INC.



Principal Place of Business

Mailing Address

~~GLADES BUILDING, SUITE 303~~
~~877 EXECUTIVE CENTER DRIVE, WEST~~
~~ST. PETERSBURG FL 33702~~

~~GLADES BUILDING, SUITE 303~~
~~877 EXECUTIVE CENTER DRIVE, WEST~~
~~ST. PETERSBURG FL 33702~~

3. Date Incorporated or Qualified

07/06/1995

3a. Date of Last Report

2. Principal Place of Business

21 1700 66th ST. N.

2a. Mailing Address

26 1700 66th ST. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 204

27 Suite 204

City & State

City & State

23 ST. Petersburg FL

28 ST. Petersburg FL

Zip

Country

Zip

Country

24 33710

25 USA

29 33710

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASCARA, ERNEST L
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE, WEST
ST. PETERSBURG FL 33702

81 Name

PAUL TRAXLER

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

1700 66th ST. N. SUITE 204

83

ST. PETERSBURG, FLORIDA

84 City

FL

85 Zip Code

33710

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:

Signature typed or printed name of registered agent and title if applicable

Paul A. Traxler Pres

DATE

4-20-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD-
NAME MASCARA, ERNEST L
STREET ADDRESS GLADES BLDG., #303, 877 EX CNTR DR WEST
CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE DPST
1.2 NAME PAUL TRAXLER
1.3 STREET ADDRESS 1700 66th ST. N. # 204
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33710

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL TRAXLER 4/10/96 813-345-7355

CR2E034 (12/95)