SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1990	DIAISION OF	COHPONAIR		_	
·		0063043 (0)			
AHEARI	N REALTY, INC.				I ANGLINGO NIO NOLOLO MELLE MOLLE I	Bill Bâll- Blitte Hill Bâll áchta ini 1621
Principal Place	e of Rusiness	Mailing Address				
Principal Place of Business		Maning Address		CAMOUND IND LOUGH BINN BEIN BENN BENN B	drat beare Bared abite Shint Billes felt ifft.	
6346 W. LANTANA ROAD #67 LAKE WORTH FL 33463		6346 W. LANTANA ROAD #67 LAKE WORTH FL 33463				
					3. Date Incorporated or Qualified	i 3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address			08/09/1995 4. FEI Number	Applied For
21		26			45-0602538	
Suite Apt #, etc.		Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	ý	8. This corporation has liability for	
24	25 9. Name and Address of Currer	[29] nt Registered Agent	[30]		Florida Statutes 10. Name and Address of New R	Yes No
4100			81	Name	vo. Name and Address of New Y	ogracied Agent
AHEARN, KEN 6346 W. LANTANA ROAD #67 82 Street Ac					ress (P.O. Box Number is Not Accepta	thle)
	E WORTH FL 33463			l.		
	E WOMM E 50400		83			
			84	City	The second secon	85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	32 and 607.1508. Florida State	utes, the above	L e-named.com	poration submits this statement for the	purpose of changing its registered
Office of ri	egistered agent, or both, in the State m familiar with, and accept the oblig	: of Floridal Such chance was	authorized by	the corporat	ion's board of directors. I nereby accep	pt the appointment as registered
SIGNATURE	,	, ,		,		
12.	Signal in type Torpens at an ending feedage OFFICE DRIAM		DIC 6e jubred Ag ■ 13.	(2011 Sugment de Texp)	ADDITIONS/CHANGES TO OFF	DATE
TITLE	OFFICERS AND DIRECTORS President DELETE		11 TITLE		ADDITIONS/CHANGES TO OFF	Change Addition
NAME	Ken Ahearn		1.2 NAME			
STREET ADDRESS	3020 Vincent Rd		1.3 STHEE	LADDRESS		
CITY-ST-ZIP	West Palm Beach, I		1 4 CITY -	ST-ZIF		
TITLE		DELETE	2.1 Tifle			Change Addition
NAME STREET ADDRESS			2.2 NAME	CARODICAG		
Off Y-ST-ZIP	i		2 4 CITY -	FADDRESS S1 - ZIP	401	
TOTLE		DELETE	3 1 T:TLE		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY -	ST-7/P		
NAME			4 1 TIFLE 4 2 NAME			Change Addition
STREET ADDRESS				1 ADDRESS		
CHTY-S1-ZIP			4.4.C-TY -	į.		
TITLE	• • • • • • • • • • • • • • • • • • •	DELETE	5 1 TITLE	·	90000191 -07/23/96010	1255 ange Addition
NAME			5.2 NAME		-07/23/96010	030012
STREET ADDRESS				T ADDRESS	***225.00	
CITY-ST-ZIP TITLE	······	DELETE	5.4 CITY -	ST-ZIP		Change Addition
NAME		FT Diffit	6 1 TITLE 6 2 NAME			Change Addition
STREET ADDRESS				I ADDRESS		PU
CITY-ST-ZIP			64 CITY -			,
	by certify that the information supplie	ed with this filing is voluntarily			it ty for the exemption stated in Section	119 07(3)(k), Florida Atalūtes I

I do nereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(k), Fronds Argūtes 1 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 bustee empowered to execute this report as required by Chapter 617. Florida statutes, and that my name appears in Block 12 or Block 13 if changes, or on an arachment with an address

GNATURE:

| GNATURE: | GNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR