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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 01 1997 8:00am

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DIVISION OF CORPORATIONS

DOCUMENT # P95000063497 (8)

HERON BAY REALTY, INC.

STREET ADDRESS CITY-ST-ZIP

Principal Place of Business Mailing Address 7514 NW 41ST STREET 7514 NW 41ST STREET **CORAL SPRINGS FL 33065** CORAL SPRINGS FL 33065-2055 3. Date Incorporated or Qualified 3a. Date of Last Report 08/16/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For APPLIED FOR Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation has liability for intangible tay under s. 199.032, Florida Statutes
Yes
You
You 24 25 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CAMPBELL, RONALD O 7514 NW 41ST STREET 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** 83 84 City 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 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 regulared agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. PSTD TITLE DELETE Change Addition NAME CAMPBELL, RONALD O SR 1.2 NAME 7514 NW 41ST STREET STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIF 1.4 CITY - ST - 7JP DOCLETE TITLE 211016 □ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY- S1 - ZIP DELETE TITLE Charige Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CiTY - S1 - 7IF TITLE DELFTE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C/1Y - S1 - Z/P DELETE Chánge Addition TITLE 5.1 TO LE NAME 5.2 NAME STREET ADDRESS 5.3 \$1REE1 ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Addition TITLE 61 1006 Change NAME 6.2 NAM8

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, if 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 eath; 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 altachment with an address.