FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

199	6

DOCUI 1. Corporation	MENT # P9500	0068748 (9))		
SOUT	HATLANTIC REALTY, INC.			 	
Principal Place	of Business	Mailing Address	······································		
106 EAST (LAKE MAR)	GOODHEART AVENUE 7 FL 32746	106 EAST GOODHEAR LAKE MARY FL 32746			
				3. Date Incorporated or Qualified 09/01/1995	3a. Date of Last Report
<u> </u>	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 150 Suite, Apt.	wilshive Blud	26 150 Wils	hire Blud.	59-334 10	Not Applicable
22 SUIT	e 104	Suite, Apt. #, etc. 27 Suite 10	ц	5. Certificate of Status Desired	\$8.75 Additional
City & State	selberry, FL.	City & State 28 Casse bev	ry FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 15 2070	Country	8. This corporation has liability for	
24 32 1	9. Name and Address of Current	Penistered Agent	[\$0]	Florida Statutes Yes 10. Name and Address of New R	No No
	5. Name and Address of Correct	riegistered Agent	81 Name	TO, Italie and Address of New P	edistated Adeur
CARCIA IOCT ID				ress (P.O. Box Number is Not Acceptab	1-3
106 EAST GOODHEART AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptab	nej
LAKE N	MARY FL 32746		83		
			84 City		FI 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named corpor	ration submits this statement for the pur	pose of changing its registered office
or register familiar wit	ed agent, or both, in the State of Tons. th, and accept the obligations of Socio	a. Such change was authorize on 607 <i>8</i> 565, Florida Statutes.	o by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the appr	pintment as registered agent. I am
SIGNATURE _	(MAR /fet	// Jose (Sarcia is	5v2 4	126196
12.	Signature, type or printed name, I registered agent a OFFICERS AND		E: Registered Agent signature require 13.	d when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1. 1 TITLE	, estimates at 70 or 7	Change Addition
NAME	GARCIA, JOSE JR		1,2 NAME		
STREET ADDRESS	106 EAST GOODHEART AVE	NUE	1.3 STREET ADDRESS		
CHIY-ST-ZIP	LAKE MARY FL 32746		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2. 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		- Property	2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3. 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		Change Addition
NAME		Discerie	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		i
C-TY - ST - ZIP			4.4 City-St-Zip		
TITLE		☐ DELETE	5 1 TiTLE		Change Addition
NAME		سب	5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
C·TY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		

14. Ido 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 requirer 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 chapter, or on an attachment with applicates.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CHTY-ST-ZIP

José Garcia, JR 4/26/96
OFFICER OR DIRECTOR

407-831-177/