

**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
1996



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

DOCUMENT # P95000069851 (0)

1. Corporation Name
AMERICAN REALTOR, INC.



Principal Place of Business Mailing Address
10393 VENTURA DRIVE SPRING HILL FL 34608

3. Date Incorporated or Qualified **09/07/1995** 3a. Date of Last Report

2. Principal Place of Business **8167 S.R. 52** 2a. Mailing Address
Hydrex, Florida **10393 VENTURA DRIVE**

4. FEI Number Applied For Not Applicable

22. City & State **Hydrex, FL** 27. City & State **SPRING HILL, FLORIDA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. Zip **34667** Country **U.S.A.** 29. Zip **34608** Country **U.S.A.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent
**GALBO, ROBERT F
10393 VENTURA DRIVE
SPRING HILL FL 34608**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 *Robert F Galbo* **7/14/96**
Signature of person or name of registered agent, and title, if applicable. (No title required when Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBO, ROBERT F	12 NAME	
STREET ADDRESS	10393 VENTURA DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	14 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	RACHEL GALBO, U.P. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALBO, JEANNIE	22 NAME	10393 VENTURA DR.
STREET ADDRESS	10393 VENTURA DRIVE	23 STREET ADDRESS	SPRING HILL, FL 34608
CITY-ST-ZIP	SPRING HILL FL 34608	24 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	C. GALBO, SECY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALBO, CARISSA	32 NAME	10393 VENTURA DRIVE
STREET ADDRESS	10393 VENTURA DRIVE	33 STREET ADDRESS	SPRING HILL, FL 34608
CITY-ST-ZIP	SPRING HILL FL 34608	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	N. GALBO, U.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	10393 VENTURA DRIVE
STREET ADDRESS		43 STREET ADDRESS	SPRING HILL, FL 34608
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert F Galbo* **7/14/96**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (3/96)