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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| 1996 DOCUMENT # P95000076211 (8) PRESERVATION REALTY INC- Incipal Place of Business Mairry Activess D. BOX 27892 P.O. BOX 27892 AMPA R. 2008 S. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Qualifold Se. Date of Lies Report 100/6/1995 A. Date Incorporated or Substitution 100/6/1995 A. Date Incorporated or Control or Substitution 100/6/1995 A. Date Incorporated or Substitution 100/6/1995 A. Date Incorporated or Date Incor | OCUMENT # P9500 Corporation Name PRESERVATION REALTY INC. Incipal Place of Business O. BOX 270852 AMPA FL 33688 Principal Place of Business Suite, Apt. #, etc. | Mailing Address P.O. BOX 270852 TAMPA FL 33688 | | | | |
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| Applicat Proce of Business Ze Mailing Addless S S S S S S S S S | Suite, Apt. #, etc. | | | | | 3. Date incorporated or distance |
| Main April 19 Main April 20 Main April 2 | Suite, Apt. #, etc. | | | | | |
| Suite, Aprt. #, etc. | | | | | | 4. 12. 13.1100 |
| City & State City & State | | | | | | \$8.75 Additiona |
| City & State 28 | City & State | | | | | 6 Flection Campaign Financing \$5.00 May Be |
| Zip Country Zip 30 Country B. This corporation has lability for interglable fax under \$199.03.2. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | — · | | | | Trust Fund Contribution Added to Fees |
| 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent ARNOLD, RICK 6450 W. HILLSBOROUGH AVENUE TAMPA FL 33834 1. Pursuant to the productors of Sections 607 0502 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered of the family with a decept the obligations of, Section 607 0505, florida Statutes, the above named corporation submits this statement for the purpose of changing its registered of the corporation is board of directors. I hereby accept the appointment as registered eigent. Law Earlier with a decept the obligations of, Section 607 0505, florida Statutes. KINATURE Signature, Used or primor ran of registered agent at 167 Exprisons 2. OFFICEHS AND DIRECTORS 1. Intit ARNOLD, RICK 12 IMME ARNOLD, RICK P.O. BOX 270852 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17 AUGUST AND CHANGES TO OFFICERS AND DIRECTORS IN 17 INTIT. ARNOLD, GALE P.O. BOX 270852 1. AND CHANGES P.O. BOX 270855 P.O. BOX 2 | Zip Country | | | ountry | | |
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| ### ABOND, AIE ADDRESS TAMPA FL 33888 | g. Name and Address of Out | OIN TOGICAL | | 81 | | |
| TAMPA FL 33634 1. Pursuant to the provisions of Sections 607 0502 and 607 1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered gent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam carried with, and accept the obligations of Section 607 0505, Florida Statutes. IGNATURE Signification of the provision of registered agent and size agentians. Signification of the provision of registered agent and size agentians. Signification of the provision of registered agent and size agentians. Signification of the provision of registered agent and size agentians. Signification of the provision of registered agent and size agentians. Signification of the provision of registered agent and size agentians. Signification of the provision of registered agent and size agentians. Signification of the provision of registered agent | ARNOLD, RICK | | | 82 | Street Addre | ress (P.O. Box Number is Not Acceptable) |
| APPLICATION Change Addition Addition Application Application Application Application Application Addition | | | | 83 | | |
| I. Pursuant to the provisions of Sections 607, 0502 and 607,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered off or registered agent, or both, in the State of Roids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am or registered agent, or both, in the State of Roids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 am or registered agent, 1 am or registered agent, 2 and 3 | TAMPA FL 33634 | | | 84 | City | 85 Zip Code |
| or registered agent, or both in the debigations of Section 607.0505, Florida Statutes. IGNATURE Control of the control of any shared agent and the it appelations NoTE Registered Agent signature required when remaintance | | | | - 1 1 | | FL |
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| 6.117-517-719 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 furnit for the receiver or the receiver or truster and that my signature shall have the same legal effect as if made uncertify 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 uncertify that the information indicated on this annual report or truster among the receiver or tr | | | | | . | |
| certify that the information indicates of this author of the receiver of trusters empowered to execute this report as required by Chapter 607, Florida Statutes, and that my harm | City-St-ZIP | slied with this filing is voluntarily f | urnished | and do | es not qualify | y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furt |
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NING OF PICES OF GARLE ARNOLD DIRECTOR ... 4-24-96 813 FT 888-9865 SIGNATURE:

CR2E034 (12/95)