FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083097 (2)

HOLLAND & COMPANY REAL ESTATE, INC.

FILED Mar 02 1998 8:00am Secretary of State



Principal Place of Business ### Mailing Address ### ### ### ### #### ##############			580K 824 481 33480	DO NOT WRITE IN THIS SPACE		
				 Date Incorporated or Qualified 10/26/1995 		
2. Principal F 21 255	Place of Rysiness 9 # Still	2a. Mailing Address 26 P.O. Box 83	<u>ા</u>	4. FEI Number 65-0618380	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stal	f Palm Beach	PALM BEA		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 334	C1 25 LSA	29 Zip 334 80 3	o USA	This corporation owes or has paid the operation of the Personal Property Tax due June 30.	Yes No	
	9, Halito allo Address di dantiti Registato Agent					
YOUMANS, ANN H						
-2	-251 BIGHTH STREET 255 9th Street			ess (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33401						
			63			
			84 City	F	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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	D	DELET e	1.1 TITLE		☐ Change ☐ Addition	
NAME	YOUMANS, ANN H	at ch	1.2 NAME			
STREET ADDRESS	YOUMANS, ANN H	1, 21	1,3 STREET ADDRESS			
CITY-ST-ZIP_	WEST PALM BEACH FL 3340	<u> </u>	1.4 CITY - ST - ZIP	مستر د .		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	MCCARTHY, FRANCIS E	a that	2.2 NAME			
STREET ADDRESS	251-BIGHTH-STREET- 2.55	. 7(2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 3340		2. 4 CITY - ST - ZIP			
TITLE	D VOULAND OUTABLE U	☐ DELETE	3.1 TITLE	•	Change Addition	
NAME	YOUMANS, SUZANNE H	atist.	3.2 NAME			
STREET ADDRESS	WEST PALM BEACH FL 3340	, , , I	3.3 STREET ADDRESS			
CITY-ST-ZIP	WEST FALM BEACH FL 3340	DELETÉ	3.4. CITY - ST - ZIP		Change Addition	
TITLE	·	□ precie	4,1 TITLE 4, 2 NAME			
NAME Street Address			4.2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		<u> </u>	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		•	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
			 	1 110 07101/0 50 11 01 11 17		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MAN NORMAN

15, Plesident

2/24/98 561-820-9959