

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

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Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000089174 (3)

1. Corporation Name  
100% REALTY, INC.

Principal Place of Business  
11 NE RACETRACK RD.  
FT WALTON BEACH FL 32547

Mailing Address  
11 NE RACETRACK RD.  
FT WALTON BEACH FL 32547-1882



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1995	3a. Date of Last Report 05/10/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3343607	Applied For Not Applicable
22	City & State Suite F-3	27	City & State Suite F-3	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KRAHENBUHL, DAVID W 329 OLDE POST RD NICEVILLE FL 32578		10. Name and Address of New Registered Agent	
81	Name	82	Street Address (P.O. Box Number is Not Acceptable)
83	City	84	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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	1.1 TITLE	2.1 TITLE	2.2 NAME
NAME	STREET ADDRESS	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS
NAME	STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE
CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
NAME	STREET ADDRESS	5.1 TITLE	5.2 NAME
CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE
NAME	STREET ADDRESS	6.2 NAME	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

14. I do 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: *David W. Krahenbuhl* David W. Krahenbuhl 30MAR97 (904)897-5669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0488549

CR2E034 (9/96)