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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P95000091027 (9)

DOCUMENT #

NATIONAL REALTY HOLDINGS, INC. Principal Place of Business Mailing Address 5662 JEREZ COURT 5662 JEREZ COURT FORT MYERS FL 33919 FORT MYERS FL 33919 3. Date Incorporated or Qualified 3a. Date of Last Report 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 6200 Gulf Blue 59-3350833 Not Applicable 52 S O 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Beach Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Country <u>u</u>s a USA ☐ Yes KNNo 33706 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KOTSOPOULOS, JAMES Street Address (P.O. Box Number is Not Acceptable) 5662 JEREZ COURT FORT MYERS FL 33919 83 Zip Code 84 City 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 Signature good or printed name paregistered agent and trito if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE 1 TITLE TITLE KOTSOPOULOS, JAMES 1.2 NAME NAME 5662 JEREZ COURT 6200 Gulf blue 1.3 STREET ADDRESS SUBFEL ADDRESS FORT MYERS FL 33919 1.4 C(TY - ST - Z(P CITY-S1-7P Addition DELETE 2. 1 TITLE TITLE Kaion DeMent 2.2 NAME NAME 6200 Galf Blue 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3. 1 TITLE Change Addition TITLE 3 2 NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP ■ Addition Change □ DELFTE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP C(1)Y - ST - Z(P) Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition DELETE 6 1 TITLE TITLE

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 cath; that I am an officer or director of the corporation of the true and course an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of an attachment with an address. appears in Block 12 or Block 13 if changed ttachment with an address.

6.2 NAME

6.3 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATUBE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CHY-ST-Z/P

Ama 29/96 (813) 367-1902

(12/95)CR2E034