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PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000093899 (9)**

1. Corporation Name
COSMOPOLITAN RESIDENCE REALTY, INC.

Principal Place of Business
~~904 LEE BLVD. SUITE 102-103~~
~~LEHIGH ACRES FL 33936~~

Mailing Address
~~904 LEE BLVD. SUITE 102-103~~
~~LEHIGH ACRES FL 33936-4953~~

3. Date Incorporated or Qualified: 12/11/1995
3a. Date of Last Report: 02/29/1996

2. Principal Place of Business
21 20 Cosmopolitan Drive
Suite, Apt. #, etc.
22 Unit #4
City & State
23 Lehigh Acres
Zip 24 FL Country 25 33936

2a. Mailing Address
26 (same)
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0632373 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

BUTLER, GAREY F
HUMPHREY & KNOTT, P.A.
1625 HENDRY ST., STE. 301
FT. MYERS FL 33901

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 Garey F Butler — March 24, 1997
Signature, typed or printed name of registered agent and title of applicator (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WITTMAN, WILHELM ~~904 LEE BLVD., SUITE 102-103~~ ~~LEHIGH ACRES FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VPD Wittmann, Wilhelm 20 Cosmopolitan Drive, Unit #4 Lehigh Acres, FL 33936	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHROLL, ROBERT ~~904 LEE BLVD., SUITE 102-103~~ ~~LEHIGH ACRES FL 33936~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P Schroll, Robert 20 Cosmopolitan Drive, Unit #4 Lehigh Acres, FL 33936	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JACOB, MARTINA ~~904 LEE BLVD., SUITE 102-103~~ ~~LEHIGH ACRES FL 33936~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S Jacob Martina 20 Cosmopolitan Drive, Unit #4 Lehigh Acres, FL 33936	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WITTMAN, INGRID ~~904 LEE BLVD., SUITE 102-103~~ ~~LEHIGH ACRES FL 33936~~	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T Wittmann, Ingrid 20 Cosmopolitan Drive, Unit #4 Lehigh Acres, FL 33936	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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: Garey F Butler — 4/25/97 — 941-369-4434