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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000010299 (1)

SELLER'S REALTY, INC.

| Suite, Apt. #, etc.  Suite, Ap | plied For<br>t Applicable<br>Additional<br>quired<br>May Be<br>o Fees<br>199.032, |
|--|---|
| BOYNTON BEACH FL 3343S  BOYNTO | plied For<br>t Applicable<br>Additional<br>quired<br>May Be<br>o Fees<br>199,032, |
| 2. Principal Place of Business   2a, Mailing Address   4. FET Number   55 - Old O Ref.   1/2   1 | plied For<br>t Applicable<br>Additional<br>quired<br>May Be<br>o Fees<br>199,032, |
| Suite, Apt. #, etc. Suite, | t Applicable Additional quired May Be o Fees 199.032,                             |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Size   Size | Additional quired  May Be o Fees 199.032,   |
| 27 City & State  | quired May Be o Fees 199.032,   |
| City & State  Ci | May Be<br>o Fees<br>199.032,  |
| Trust Fund Contribution  | o Fees 199,032, Code  |
| Ztp  | 199.032,  |
| 24 25   29   30   Florida Statutes   No 9   Name and Address of Current Registered Agent   10   Name and Address of New Registered Agent   205 CORAL RD. BOYNTON BEACH FL 33435   82   Street Address (P.O. Box Number is Not Acceptable)   82   Street Address (P.O. Box Number is Not Acceptable)   83   210   211. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, but have been agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing in 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE   Signature, typerd or preled name of registered agent and title if applicable   (NOTE: Registered Agent signature required when rehinitaring)   DATE   | Code<br>s registered  |
| SOLDANO, WILLIAM 205 CORAL RD. BOYNTON BEACH FL 33435  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip  85 Zip  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 I 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 agent. Tain familiar with, and acceptable he obligations of Sections 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing I office or registered agent and tile if applicable (NOTE: Registered Agent agenture regulated when rehalating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.1 TITLE  12. NAME  SIREET ADDRESS  CITY-S1-ZIP  DELETE  31.1 TITLE  22. NAME  23.2 STREET ADDRESS  CITY-S1-ZIP  CHANGE  33.2 NAME  SIREET ADDRESS  CITY-S1-ZIP  SIREET ADDRESS  CITY-S1-ZIP  SIREET ADDRESS  CITY-S1-ZIP  CHANGE  33.2 STREET ADDRESS  CITY-S1-ZIP  SIREET ADDRESS  CITY-S1-ZIP  CHANGE  33.3 STREET ADDRESS  CITY-S1-ZIP  CHANGE  33.3 STREET ADDRESS  CITY-S1-ZIP  CHANGE  CHY-S1-ZIP  CHY-S1-ZIP  CHANGE  CHY-S1-ZIP  CHANGE  CHY-S1-ZIP  CHY-S1-ZIP  CHY-S1-ZIP  CHANGE  CHY-S1-ZIP  CHY-S1-ZIP  CHY-S1-ZIP  CHANGE  CHY-S1-ZIP  CHY-S1-ZIP  CHY-S1-ZIP  CHY-S1-ZIP  CHY-S1-ZIP | s registered  |
| 205 CORAL RD. BOYNTON BEACH FL 33435  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  FL 85 Zip  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 in 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 agent. I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SOLDANO, WILLIAM  STREET ADDRESS  CITY-S1-ZIP  DELETE  DELETE  1.1 TITLE  Change  MAME  SIREET ADDRESS  CITY-S1-ZIP  DELETE  3.1 TITLE  CHANGE  SIREET ADDRESS  CITY-S1-ZIP  TITLE  DELETE  3.1 TITLE  CHANGE  3.2 NAME  SIREET ADDRESS  CITY-S1-ZIP  TITLE  SIREET ADDRESS  CITY-S1-ZIP  TITLE  SIREET ADDRESS  CITY-S1-ZIP  ADDITIONS/CHANGES TO OFFICERS AND LIRECTOF  Change  CHY-S1-ZIP  TITLE  SIREET ADDRESS  CITY-S1-ZIP  TITLE  SIREET ADDRESS  CITY-S1-ZIP  ADDITIONS/CHANGES TO OFFICERS AND LIRECTOF  Change  CHY-S1-ZIP  TITLE  SIREET ADDRESS  CITY-S1-ZIP  TITLE  SIREET ADDRESS  CITY-S1-ZIP  ADDITIONS/CHANGES TO OFFICERS AND LIRECTOF  Change  CHY-S1-ZIP  TITLE  SIREET ADDRESS  CITY-S1-ZIP  TITLE  SIREET ADDRESS  CITY-S1-ZIP  ADDITIONS/CHANGES TO OFFICERS AND LIRECTOF  Change  AMALE  SIREET ADDRESS  CITY-S1-ZIP  ADDRESS  ADDITIONS/CHANGES TO OFFICERS AND LIRECTOF  Change  ADDRESS  CITY-S1-ZIP  ADDRESS  ADDRESS  ADDRESS  ADDRESS  CITY-S1-ZIP  ADDRESS  ADDR | s registered  |
| BOYNTON BEACH FL 33435  83  84 Crty  FL  85 Zip  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 in 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signifier. Spend or preted name of registered agent and tille if applicable (NOTE. Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TILLE  SOLDANO, WILLIAM  205 CORAL RD.  1.3 STREET ADDRESS  DIV-SI-2IP  ITILE  MAME  SIREIT ADDRESS  CITY-SI-2IP  DELETE  21 TITLE  Change  Change  CHOTY-SI-2IP  Change  CHOTY-SI-2IP  Change  SIREIT ADDRESS  CITY-SI-2IP  AMAE  SIREIT ADDRESS  CITY-SI-2IP  | s registered  |
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| 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or provide name of registered agent and title if applicable  NAME  PSTD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11.1 TITLE  NAME  SOLDANO, WILLIAM  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  2.1 TITLE  Change  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Change  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Change  Change  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Change  AMME  STREET ADDRESS  CITY-ST-ZIP  THE  AMME  STREET ADDRESS  CITY-ST-ZIP  | registered  |
| SIGNATURE Signature, typed or proted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11ILE PSTD DELETE 1.1 TITLE Change  NAME SOLDANO, WILLIAM SOLDANO, WILLIAM STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33435 1.4 CITY-ST-ZIP  TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE 3.2 NAME SIRRET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE 3.1 TITLE 3.4 CITY-ST-ZIP TITLE 3.1 TITLE 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP   |   |
| Signature, typed or privide name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE PSTD  NAME  SOLDANO, WILLIAM  STREET ADDRESS  CITY-ST-ZIP  DELETE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP   |   |
| DELETE   |   |
| NAME   SOLDANO, WILLIAM   1.2 NAME   1.3 STREET ADDRESS   CITY-ST-ZIP   BOYNTON BEACH FL 33435   1.4 CITY-ST-ZIP     Change   CITY-ST-ZIP      | S IN 12   |
| STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33435  1.3 STREET ADDRESS DOYNTON BEACH FL 33435  1.4 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 22 NAME 23 STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 31 TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTAL CHANGE STREET ADDRESS CITY-ST-ZIP  TOTAL CHANGE STREET ADDRESS CITY-ST-ZIP 32 NAME 32 NAME STREET ADDRESS CITY-ST-ZIP 33 STREET ADDRESS CITY-ST-ZIP   | Addition  |
| DELETE   DELETE   Change   |   |
| TITLE         DELETE         21 TITLE         Change           NAME         22 NAME         23 STREET ADDRESS         CITY-ST-ZIP         23 STREET ADDRESS         CITY-ST-ZIP         TITLE         DELETE         31 TITLE         Change           NAME         32 NAME         32 NAME         STREET ADDRESS         33 STREET ADDRESS         CITY-ST-ZIP         34 CITY-ST-ZIP  |   |
| NAME   |   |
| STREET ADDRESS         2 3 STREET ADDRESS           CITY-ST-ZIP         2 4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE         Change           NAME         32 NAME           STREET ADDRESS         33 STREET ADDRESS         CITY-ST-ZIP  | ☐ Addition  |
| CITY-ST-ZIP  |   |
| TITLE         DELETE         3.1 TITLE         Change           NAME         32 NAME         STREET ADDRESS         3.3 STREET ADDRESS           CITY-SI-ZIP         34. CITY-SI-ZIP   |   |
| NAME         3 2 NAME           STREET ADDRESS         3 3 STREET ADDRESS           City-Si-zip         3 4. City-Sf-zip   | Addition  |
| STREET ADDRESS         3.3 STREET ADDRESS           CHY-SI-ZIP         3.4 CHY-SI-ZIP  | Auditori  |
| City-St-ZiP 3.4. City-St-ZiP   |   |
|  |   |
| TIFLE  | Addition  |
| NAME 4 2 NAME  |   |
| STREET ADDRESS 43 STREET ADDRESS   |   |
| CITY-ST-ZIP 44 CITY-ST-ZIP   |   |
| TIFLE DELETE 51 TIFLE Change   | ☐ Addition  |
| NAME 52 NAME   |   |
| STRELL ADDRESS 5.3 STREET ADDRESS  |   |
| CITY - ST - ZIP 5 4 CITY - ST - ZIP  |   |
| TITLE DELETE 61 TITLE Change   | Addition  |
| NAME 62 NAME   |   |
| STREET ADDRESS 6.3 STREET ADDRESS  |   |
| C TY-ST-Z P  |   |
| 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 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 unlearn 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 rappears in Block 12 or Block 13 if charged, or on an attachment with an address.  |   |