FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000018243 (1)**

1. Corporation Name
DELANEY ROW REALTY CORP.

Principal Place of Business	Mailing Address
~~P O BOX 1549~~ ~~ORLANDO FL 32802~~	~~P O BOX 1549~~ ~~ORLANDO FL 32802-1549~~

3. Date Incorporated or Qualified: 02/24/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 496 S. Delaney Avenue	26 496 S. Delaney Avenue
Suite, Apt. #, etc 22 Suite 406A	Suite, Apt. #, etc 27 Suite 406A
City & State 23 ORLANDO, FL	City & State 28 Orlando, Florida
Zip / Country 24 32801 / 25 Orange	Zip / Country 29 32801 / 30 Orange

4. FEI Number: 59-3386452 ☐ 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	10. Name and Address of New Registered Agent
~~CHRISTOPHER, DONALD E~~ ~~300 N ORANGE AVE~~ ~~ORLANDO FL 32801~~	81 Name: JAMES C. HUCKEBA 82 Street Address (P.O. Box Number is Not Acceptable): 496 S. DELANEY AVENUE SUITE 406A 83 84 City: ORLANDO FL 85 Zip Code: 32801

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] (NOTE: Registered Agent signature required when reinstating) DATE: 3/19/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE
NAME	HUCKEBA, JAMES C		1.2 NAME
STREET ADDRESS	~~1558 INDIAN DANCE CT~~		1.3 STREET ADDRESS: 496 South Delaney Avenue, Suite 406A
CITY-ST-ZIP	~~MAITLAND FL 32751~~		1.4 CITY-ST-ZIP: Orlando, FL 32801
		☒ Change ☐ Addition	
TITLE		☐ DELETE	2.1 TITLE
NAME			2.2 NAME
STREET ADDRESS			2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
		☐ Change ☐ Addition	
TITLE		☐ DELETE	3.1 TITLE
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
		☐ Change ☐ Addition	
TITLE		☐ DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
		☐ Change ☐ Addition	
TITLE		☐ DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
		☐ Change ☐ Addition	
TITLE		☐ DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP
		☐ Change ☐ Addition	

CR2E034 (9/96)

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 added by this amendment with an address.

SIGNATURE: [signature] 3/19/97 407-446-0228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083625