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

CORPORATION ANNUAL REPORT

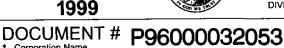


Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 04, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE

05-04-1999 90001 035 ***150.00



AHLER REALTY COMPANY						
Principal Place	of Business	Mailing Address				I
591 Jupiter Blvd NW 591 Jupiter Blvd NW Palm Bay Fl 32907 Palm Bay Fl 32907						
		· · · · · · · · · · · · · · · · · · ·				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
	·				m+-	04/09/1996
Principal Place of Business Address Address						4. FEI Number Applied For
21 26			<u> </u>			59-3373117 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional
22 27						Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29 (3	Country 30			8. This corporation owes the current year Intangible Personal Property Tax. No
	9. Name and Address of Currer	1 1	,			10. Name and Address of New Registered Agent
				81	Name	•
BOYD, BRADLEY K				82	Stroot Add	ddress (P.O. Box Number is Not Acceptable)
100 RIALTO PLACE STE 727A				62	Sileel Aut	duless (F.O. Dox Number is Not Acceptable)
MELBOURNE FL 32901				83	1.0181	
						85 Zip Code
				84		FL ` ` `
11. Pursuant i office or re agent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was au ations of, Section 607.0505, Flori	s, the a thorized da Stat	bove by utes	e-named cor the corporal	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE Re				gistered Agent signature require		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	C Dereie	ı			Outride Distriction
NAME	TRIBBLE, GODITI K		1.2 NA		ì	
STREET ADDRESS	OST OUT TELL DESD TO		1.3 \$1	REET	ADDRESS	
CITY-ST-ZIP	TOTAL DATE OF OFFICE AND ADDRESS OF THE OFFICE AND ADDRESS OF THE OFFICE ADDRESS OF THE		1.4 CI		Γ- ZIP	☐ Change ☐ Addition
TITLE	P	.		2.1 TITLE		C. Change C. Addition
NAME	ahler-friddle, judith k		2.2 NAME			•
STREET ADDRESS	351 351 351 3515 1117		2.3 ST	2.3 STREET ADDRESS		<u>_</u>
CiTY-ST-ZIP	1712111 2711 12		_	2.4 CITY-ST-ZIP		TO Change To Addition
TITLE	DELETE 3.1		3.1 TI	3.1 TITLE		☐ Change ☐ Addition
NAME	ME 3.2		3.2 N	3.2 NAME		
STREET ADDRESS			3.3 S	REET	ADORESS	
CITY-ST-ZIP			3.4. C		T-ZIP	
TITLE	 -	☐ DELETÉ	4.1 ∏	TLE		☐ Change ☐ Addition
NAME }			4. 2 N	AME		
STREET ADDRESS			4.3 S	REET	ADDRESS	

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

MME

☐ DELETE

DELETE

Change

Change

☐ Addition

☐ Addition