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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045520 (9)

PILZ-HELLER REALTY, INC.

## FILED Apr 14 1997 8:00am Secretary of State

Principal Place of Business Mailing Address					I DERINDEL ILO EDITO DALLA ORDILI	Maite Baiet ander denne 1	fitan Apira seber i	1011 1601
1223 SE 47TH 1 CAPE CORAL F		1223 SE 47TH TER CAPE CORAL FL 33904-9614						
					3. Date Incorporated or Qu 05/29/1996	alified <b>3a.</b> Da	ite of Last Re	eport
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	1		plied For
21		26			105-01067	704	\$8.75 A	t Applicable
Suite, Apt.	#, €:tC.	27	Suite, Apt. #, etc.		5. Certificate of Status Des	ired 🗀	Fee Re	
City & State	)	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Finar	ncina	\$5.00	
23		28			Trust Fund Contribution		Added t	
Zφ	Country Zip		Count	ry	8. This corporation has liab			199 032,
24	25	29	[30]		Florida Statutes	Yes		
·	9. Name and Address of Currer	t Hegistered Agent	.> _ 8	1 Name	10. Name and Address of	New Registered	Agent	
	RILAWYER CHARTERED /	XBULT B. PIL 23 SE UT TEL RE COXAL, FL B3		Nor	eBent 13. Pilz			
	ALMERIA AVENUE  AL GABLES FL 33134	2350 UTIER	8	2 Street Add	ress (P.O. Box Number is Not A	cceptable)		
LUB	AL UADLEST L 33134 (A)	RE CORAL TUBS	8		3 3C 4 (11 1W			
				4 04 0			as 7in (	Codo
	_	. /	8	T' CA	PE Conal	FL	.     ٦, -	Code 3904
11. Pursuant	to the provisions of Soctions 607/050 egistered adont, or yothy in the Stay ro tamiliar with, and acceptably: only	nd 607 1508, Florida Statu	ites, the abo	ve-named corp	poration submits this statement	for the purpose of	changing it	s registered
office or r agent. Fa	egistered atlent, or Votty in the State m familiar with, sind/acceptathe ghild	I of Florida. Such change was Mions of, Section 607.0505, F	autriorized forida Sta <u>tut</u>	by the corpora es.	tion's board of directors. I heret	y accept the app	oiniment as	registered
SIGNATURE	VIMILITIES Y	) WORBERT	BI	102	HRESIDENT		1-9-4	<u> </u>
				igent signature requi	ired when reinstating) ADDITIONS/CHANGES T	DATE O OFFICERS AND	DIDECTOR	IC IN 12
12.		ID DIRECTORS  DELETE	13.		ADDITIONS/CHANGES I	J OFFICENS AND	Change	Addition
TITLE NAME	DP PILZ, Norbert B	[	1.2 NAM				time transfer	
STREET ASJURESS	1223 SE 47TH TER			ET ADDRESS				
City St ZiP	CAPE CORAL FL 33904		1,4 CITY					[
THE	V	DELETE	2 1 TITL				Change	Addition
NAME	HELLER, UWE M		2 2 NAM	E				
STREET ALORESS	1223 SE 47TH TER		2 3 STR	ET ADDRESS				
City-St Zib	CAPE CORAL FL 33904		2 4 CIT	r-St-ZIP				
TiftE		☐ DELETE	3 1 TITE	E			Change	Addition
NAME		•	32 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-S1-7IP	\$1,555 MINER TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE		r - S1 - ZIP			Change	Addition
1014F		ניין מנונונ	4.1 TITU				change	ribuition
NAME STREET ADDRESS			4.2 NAN	EET ADDRESS				
CHY-S1-ZIP				-ST-ZIP				
TITLE		DELETE	5.1 THL				Change	Addition
NAME			5.2 NAM	NE				
STREET ADDRESS				EET ADDRESS				]
C(TY+ST+ZII)			5.4 CITY	-ST-ZIP				
TITLE		DELETE	6.1 TITL	E			Change	☐ Addition
NAVE			6 2 NAM	IE .				
STREET ADDRESS			6.3 STR	EET ADDRESS				
Crty+St-ZiP				r-S1-ZIP	7.6			
I. 14. Ldo here.	by certify that the information supplie	od with this filing⊾does not gua	auty for the e	xemption state	ia in Section 119.07(3)(i). Florida	a Statutes. I furthe	ar certify that	.uie l

4. 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 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 corrections of the true that my name appears in Block 12 or Block 13 if changed for on an examination with an address.

**SIGNATURE** 

WARBENT B. PLZ

Date 0-9-9) 941 542 8553