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FILED
Jun 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000045520 (9)
1. Corporation Name:

Ability Realty Inc.

Principal Place of Business:

1223 SE 47th Ter.
Cape Coral, FL 33904

Mailing Address:

1223 SE 47th Ter.
Cape Coral, FL 33904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/29/1996

4. FEI Number

65-0667704

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business:

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

Norbert B. Pilz
1223 SE 47th Terr.
Cape Coral, FL 33904

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

Signature of the person filing this report (if not the registered agent, then the officer or director)

(If the registered agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-ST-ZIP

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-ST-ZIP

121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-ST-ZIP

131 TITLE 132 NAME 133 STREET ADDRESS 134 CITY-ST-ZIP

141 TITLE 142 NAME 143 STREET ADDRESS 144 CITY-ST-ZIP

151 TITLE 152 NAME 153 STREET ADDRESS 154 CITY-ST-ZIP

161 TITLE 162 NAME 163 STREET ADDRESS 164 CITY-ST-ZIP

171 TITLE 172 NAME 173 STREET ADDRESS 174 CITY-ST-ZIP

181 TITLE 182 NAME 183 STREET ADDRESS 184 CITY-ST-ZIP

191 TITLE 192 NAME 193 STREET ADDRESS 194 CITY-ST-ZIP

201 TITLE 202 NAME 203 STREET ADDRESS 204 CITY-ST-ZIP

211 TITLE 212 NAME 213 STREET ADDRESS 214 CITY-ST-ZIP

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301 TITLE 302 NAME 303 STREET ADDRESS 304 CITY-ST-ZIP

311 TITLE 312 NAME 313 STREET ADDRESS 314 CITY-ST-ZIP

321 TITLE 322 NAME 323 STREET ADDRESS 324 CITY-ST-ZIP

331 TITLE 332 NAME 333 STREET ADDRESS 334 CITY-ST-ZIP

341 TITLE 342 NAME 343 STREET ADDRESS 344 CITY-ST-ZIP

351 TITLE 352 NAME 353 STREET ADDRESS 354 CITY-ST-ZIP

14. I hereby certify that the information supplied with this report is not qualified for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 an agent or officer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in an attached statement or address.

SIGNATURE: Norbert B. Pilz 5/29/98 941542853

CR2E034 (10/97)