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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of date

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000045993 (8)

AMERICAN REALTY SERVICES, INC.

Principal Place of Business Mailing Address 10572 86TH AVE NO 10572 86TH AVE NO **SEMINOLE FL 33772-3840** SEMINOLE FL 34642-3480 3. Date incorporated or Qualified 3e. Date of Last Report 05/23/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Ζp Country Ziρ Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GAFFNEY, PATRICK F 2348 SUNSET POINT RD Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34625** 83 84 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 | , <u>-</u> | | |
|--|------------------------|----------------------|--|
| Signature, typical or printed name of registered agont and time if applicas (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | DECEASE DECEASE | 1.1 TITLE | Change Addition |
| NAME | KENNEDY, JOHN F | 1.2 NAME | Kennedy John F. |
| STREET ADDRESS | 10572 86TH AVE NO | 1.3 STREET ADDRESS | 18672 814 Aveno |
| CITY - ST - ZIP | SEMINOLE FL 34642-3480 | 1.4 CITY-ST-ZIP | Smarche F1 33771 |
| TOTE (| D DELETE | 21 TITLE | Change Addition |
| NAME | KENNEDY, SHARON | 2.2 NAME | 12 CT 12 PL ACED |
| STREET ADDRESS | 10572 88TH AVE NO | 23 STREET ADDRESS | 100 17 60 0000 |
| CCTY-St-7iP | SEMINOLE FL 34842-3480 | 2 4 CITY+ST-ZIP | sknewle M 00 17L |
| Ť ILE | ☐ DELETE | 3.1 TITLE | Change Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST- ZIP | | 3.4. CITY-ST-ZIP | |
| THUE | DELETE | 4.1 TITLE | Change Addition |
| NAMÉ | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 51 TITLE | Change Addition |
| NAME | | 5.2 NAME | |
| \$TREET ADDRESS | | 5.3 STREET ADDRESS | |
| C(1Y+51 ZIP | | 5.4 CITY - \$T - ZIP | |
| TITLE | DELETE | 6.1 TITLE | Change Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| C(TY - S1 - 7)P | | 6.4 CITY-ST-ZIP | tated in Coation 110 07/29/3 Florida Ctatutes I further partife that the |

1. I do horeby 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 inquired 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.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Kennedy 4-3

(813)398-7)7)

FILED

Apr 21 1997 8:00am

Secretary of State