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Mar 12 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 # P96000078660 (3)

1. Corporation Name
CIDAD REALTY, INC.

Principal Place of Business
4903 VINCENNES ST., #211
CAPE CORAL FL 33904

Mailing Address
4903 VINCENNES ST., #211
CAPE CORAL FL 33904-9145



3. Date Incorporated or Qualified
09/20/1996

3a. Date of Last Report

4. FEI Number

65-0703072

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CIDAD, J. RAYMOND
4717 SW 13 AVENUE, #203, BARCLAY BAY
CAPE CORAL FL 33914

81 Name

CIDAD, J. RAYMOND

82 Street Address (P.O. Box Number is Not Acceptable)

4903 VINCENNES ST. #211

83 City

Cape Coral, FL 33904

84 City

FL

85 Zip Code
33904

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CIDAD, J. RAYMOND
STREET ADDRESS 4717 SW 13 AVENUE, #203, BARCLAY BAY
CITY- ST- ZIP CAPE CORAL FL 33914

1.1 TITLE D
1.2 NAME CIDAD, J. RAYMOND
1.3 STREET ADDRESS 4903 VINCENNES ST. #211
1.4 CITY- ST- ZIP CAPE CORAL, FL 33904

TITLE D
NAME CIDAD, MARGERY E
STREET ADDRESS 4717 SW 13 AVENUE, #203, BARCLAY BAY
CITY- ST- ZIP CAPE CORAL FL 33914

2.1 TITLE D
2.2 NAME CIDAD, MARGERY E
2.3 STREET ADDRESS 4903 VINCENNES ST. #211
2.4 CITY- ST- ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. 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 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.

SIGNATURE:

Margery E. Cid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGERY E. CIDAD 3/7/97 (941) 945-3591

Date

Daytime Phone If

0397808

CR2E034 (9/96)