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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P96000092591 (2)

D & J REALTY, INC.

FILED Feb 23 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Add	Mailing Address				Biar della folia ileo bilia	INN NO ITA
279 3RD STF	PEET		279 3RD STREET					
	INGS FL 34134		BONITA SPRINGS FL 34134					
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
2 Principal F	Place of Business	2e Mailing	Addroce			11/07/1996 4. FEI Number		
21	ILOG DI DUSINOSS	— <u> </u>	2a. Mailing Address					Applied For
Sulte, Apt.	#, etc.		Suile, Apt. #, etc.			59-3410706	CD 75	Not Applicable Additional
22		— — · · ·	27			5. Certificate of Status Desired	1 1	Regulred
City & Stat	е		City & State			6. Election Campaign Financing	\$5.00	D May Be
23		28	28			Trust Fund Contribution		to Fees
Zip	Country Zip			Country		8. This corporation owes or has p	aid the current year l	ntangible
24	25	29	3	0		Personal Property Tax due Jun		X No
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered								
	NLVIE, DAVID M			81	Name			i
279 3RD STREET				82	Street Add	Iress (P.O. Box Number is Not Accepta	ble)	
BONITA SPRINGS FL 34134								
				83				
				84	City		85 Zip	Code
44 . D		007.0500			<u> </u>			
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		registered agont and title if applicable						
12.		CERS AND DIRECTORS	(NOTE: H	13.	nt signatura requi	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CEDS AND DIDECTO	DC IN 10
TITLE	D		DELETE	1.1 TITLE	 T	ADDITIONS/OFFAIAGES TO OFF	Change	
NAME	OGILVIE, DAVID M		_	1.2 NAME				
STREET ADDRESS	279 3RD STREET		1.3 STREET ADDRESS					
CITY-ST-ZIP BONITA SPRINGS FL 34134			1.4 CITY-ST-ZIP		1-71P			
TITLE			DELETE	2.1 TITLE	-		☐ Change	Addition
NAME			l	2.2 NAME				
STREET ADDRESS	PRESS		2.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP				2. 4 CITY-S	T-ZIP]
TITLE			DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			l	3.2 NAME				ľ
STREET ADDRESS			1	3.3 STREET	ADDRESS			1
CITY-ST-ZIP				3.4. CITY - S	T-ZIP			
TITLE		Ţ	DELETE	4.1 TITLE			Change	☐ Addition
NAME				4. 2 NAME				ļ
STREET ADDRESS				4.3 STREET A	ADDRESS			ł
CITY-ST-ZIP				4.4 CITY-ST	- ZIP			
TITLE		L	DELETE	5.1 TITLE			Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET A				
CITY-ST-ZIP	- -		I DOLLETS	5.4 CITY-ST	- ZiP		——————————————————————————————————————	1 1 2 2 2 2 2 2 2 2 2 2
TITLE		L.	DELETE	6.1 TITLE			L. Change	☐ Addition
NAME				6.2 NAME				ĺ
STREET ADDRESS				6.3 STREET A	- 1			1
CITY-ST-ZIP				6.4 CITY-ST	- ŽIP			

14. Thereby 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 chapter, or op an attachment with an address.

AUID MOGILULE