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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P97000011441 (7) SORENSON REAL ESTATE, INC.

## **FILED** Mar 19 1998 8:00am Secretary of State

|--|--|

Principal Place of Business Mailing Address								i <b>a ha</b> nni hadir dakili galihi i	hann kanat mah	il Ellil Alak d				
2707-09 ALLEN ROAD 2707-09 ALLEN ROAD TALLAHASSEE FL 32312 TALLAHASSEE FL 32312														
INCOMPASSEE PL 32312								DO NOT WRITE IN THIS SPACE						
								3. Date Incor 02/03/1	porated or Qualified	I				
2. Principal I	Principal Place of Business 2a. Mailing Address						*****	4. FEI Numbe	<u></u>	· •		Applied For		
21	26						59-	343695	9	t	Not Applicable			
Suite, Apt	.#, etc.		27	Suite, Apt. #, etc.				5. Certificate	of Status Desired			Additional Required		
City & Ste								6. Etection Ca	mpaign Financing		\$5.0	O May Be		
23	28				<b>T</b>			Trust Fund	Contribution		Adde	d to Fees		
— <sup>Ζιρ</sup>	Country Zip Cou				Cou	ntry		8. This corporation owes or has paid the current year Intangible						
24		25	29		30				Personal Property Tax due June 30. Yes No					
8/		and Address of Cu	rrent Hegiste	reo Agent		81	Name	10. Name Bnd	Address of New F	registereo /	Agent			
		STMART S ESQ.			-	۱,	Name							
555 S.W. 12TH AVENUE SUITE 101					82	Street A	dress (P.O. Box Nu	nber is Not Accept	able)					
PC	OMPANO HE	ACH FL 33069-35	05			83		. —						
					}	64	City	,			85 Zig	Code		
							-			FL	11	1		
11. Pursuant to the provisions of Soctions 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, Soction 607.0505, Florida Statutes.														
SIGNATURE Signature, typed or printed name of registered agent and link if applicable. (NOTE: Registered Agent signature required when reinstating).  DATE														
12.			AND DIRECT		13.				CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12		
TITLE	D	5	EC.	DELETE	1.1 10	LE		BUCRETAG			Change	- Addition		
NAME	SORENS	on, richard e			1.2 NA	ME						- 1:		
STREET ADDRESS						REET	ADORESS							
CITY-ST-ZIP	TALLAHASSEE FL 32312					Y-\$1	f-ZIP	^	<b></b>					
TITLE	D	. F	PEES, 7	DELETE	2.1 1(1	LF		PRESIDENT.	TREASURE		Change	Addition (		
NAME	SORENSON, JANET L 221					ME		,,,,						
STREET ADDRESS		ALLEN ROAD			2.3 \$1	REET	ADDRESS							
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NAME					3.2 NA	ME								
STREET ADDRESS	1				3.3 \$1	REET	ADDRESS )					]		
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NAME					5.2 NA				1. f			-		
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TITLE				☐ DELETE	6.1 TIT				•		Change	Addition		
NAME					6.2 NA							.]		
STREET ADDRESS							ADDRESS							
CITY-ST-ZIP	Certify that the	information eupolio	d with this file	an done not quality f	6.4 Cf			in Section 119 07/3)	(i) Florida Statutes	I further ce	rtify that th	e information		

a nereby certify that the information supplied with this filling doos not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report is report 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 corporation or the receiver or trusted employed to precute 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. 3-17-98

SIGNATURE:

850-926-9428