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

' PROFIT CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mörtham 🐣

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9700 HUMES REAL ESTATE SA	•	)	
Principal Place of Business Mailing Addres				
7201 LAGUNA COURT TAMPA FL 33634		7201 LAGUNA COURT		
		TAMPA FL 33634		DO NOT HIDITS IN THIS SPACE
				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified
				01/30/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		59-342 (676 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		[27]		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28	T-0	Trust Fund Contribution Added to Fees
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
44	25 g. Name and Address of Curre	29  nt Registered Agent	[30]	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
CH		<u></u>	81 Name	
	SHORT, PAUL R 7522 NORTH 40 STREET			Addition (D.O. D. Marker & Market and Market
TAMPA FL 33604			82 Street /	Address (P.O. Box Number is Not Acceptable)
			63	
			84 City	<b>■■ 85</b> Zip Code
			<u>                                 </u>	corporation submits this statement for the purpose of changing its registered
agent La	m familiar with, and accupt the oblig	jations of, Section 607.0505, I	Torida Statutes. OTE Registered Agent signature	· · · · · · · · · · · · · · · · · · ·
12.	DP OF HOLENS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	HUMES, MADGE M		1.2 NAME	La bridge La course
STREET ADDRESS	7201 LAGUNA COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33634		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	•
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.† TITLE	Change Addition
NAME			3 2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-SI-ZIP TITLE		DELETE	3.4. C/TY-ST-Z/P	Change Addition
NAME			4.2 NAME	المالية
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	·		4.4 City-St-ZiP	
TITLE		DELFTE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	İ
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP	/*************************************		5 4 CITY-ST-ZIP	
TITLE		DELETE	61 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

14. Thereby certify that the information supplied with this bling 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 eath; that I am an officer or director of the comporation or the receiver or trusted employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an altractment with an address

SIGNATURE:

3-7-98

613888-5250

**FILED** 

Mar 13 1998 8:00am

Secretary of State