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 # P97000015539 (4)

STATEWIDE REALTY INC. OF SEMINOLE COUNTY

Principal Place of Business

Mailing Address

405 DOUGLAS AVE. SUITE 1855-A

405 DOUGLAS AVE. SUITE 1855-A

FILED May 21 1998 8:00am Secretary of State



ALTAMONTE SPRINGS FL 32714		ALTAMONTE	ALTAMONTE SPRINGS FL 32714				DC	NOT WRIT	E IN THIS S	SPACE		
								e Incorporated 2/14/1997	or Qualified			
2. Principal Place of Business			2a. Mailing Ad	2a. Mailing Address			4. FEI Number				Applied For	
21	ה ·		26	26			59	-343	2005			Not Applicable
22	Suite, Apt. #, etc.		Suite, Apt	Suito, Apt. #, etc.			5. Cer	5. Certificate of Status Desired				
23	City & State	ity & State		City & State			l l	6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee				
	Zip	Country	Zip		Country			s corporation ov				
24		25	[29]		0			sonal Property 1			Yes	∐ No
		9. Name and Address of Cui	rrent Hegistered Ager	11	81	Name	10. Nai	me and Addres	S OT NEW H	egistered	Agent	
		M, SCOTT			01	INDITIE				_		
		OUGLAS AVE, SUITE 185				2 Street Address (P.O. Box Number is Not Acceptable)						
	ALIA	MONTE SPRINGS FL 3271	4		83						·	
					84	Oit.					larl >	n Codo
					84	City				FL	85 Z	p Code
11.	office or real	he provisions of Sections 607 stored agent, or both, in the S amiliar with, and accept the of	tate of Flozida. Such ch	iange was au	thorized by	the corpo	orporation sul ration's board	bmits this stater d of directors. I	nent for the hereby acco	purpose of ept the app	changing ointment) its registered as registered
SIC	SNATURE	nature, typed or printed name of registeres	diagent and the diapplicable	TOON)	Registered Age	ent signature re	squired when reinst	tating)		DATE		
12		OFFICERS	AND DIRECTORS		13.		ADD	ITIONS/CHANG	ES TO OFF			
TITU	E	D		DELFTE	1.1 TITLE					1	Chang	e 🔲 Addition
NAN		YUSEM, SCOTT			1.2 NAME					^		
STR	EET ADDRESS	842 HORNBEAM DR			1.3 STREET	ADDRESS	1055	b leem	נט עיקיי	1 2		
CIT	(-ST-ZIP	LONGWOOD FL 32779			1.4 CITY - S	1-ZIP	Oe !	tom, A) 3	<u> </u>		
TIT		D	Li	DELFTE	2.1 TITLE			/			Chang	e Addition
NAM		YUSEM, CAROLE			2.2 NAME							
STR	EET ADDRESS	342 HORNBEAM DR			2.3 STREET							
	Y-ST-ZIP	LONGWOOD FL 32779		DELETE	2. 4 CITY-	S1 - ZIP						1 4 2 22 2
TITI	- 1		L	DELETE	3.1 TITLE						L Chang	e 🔲 Addition
NAJ					3.2 NAME							
	EET ADDRESS				3.3 STREET							
TITI	Y-ST-ZIP	-		DELFTE	3.4. CITY - 5 4.1 TITLE	51 - ZIP					Chang	e 🔲 Addition
NAJ					4. 2 NAME	1					c.ang	
	EET ADDRESS				4.3 STREET	ADDRESS						
	Y-ST-ZIP				4.4 CITY-S							
TIT				DELETE	5.1 TITLE						Chang	e 🔲 Addition
NAJ	AE				5.2 NAME							
STR	EET ADDRESS				5.3 STREET	ADDRESS						
CiT	Y-ST-ZIP				54 CITY-S	T-ZIP						
TIT	.E			DELFTE	61 TITLE	T					☐ Chang	e 🔲 Addition
NAF	AE				6.2 NAME							
STE	EET ADDRESS				63 STREET	ADDRESS						
CIT	Y-ST-ZIP				64 CITY-S	T-ZIP						

14. I 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 logal 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 only attachment with an address.