SIGNATURE:

2000	UNIFORM	BUSINESS	REPORT	(UBR)

DOCUMENT # P99000029818 1. Entity Name									٠,	
FIRST REALTY, INC.						FILED				
Principal Place of Business Mailing Address				<u></u>		00 DEC 15 PM 2: 42				
5340 N. Atlantic Avenue Cocoa Beach, FL 32931		5340 N. Atlantic Avenue Cocoa Beach, FL 32931			-	SECRETARY OF STATE TALLAHASSEE FLORIDA				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			HIP	TUE S	U	oplied For		
City & State		City & State			1. FEI Number 21332	<u> </u>	No	t Applicac e		
Zip	Country	Zip	Cour	itry	1	5. Certificate of Status Desire	° Ц ј	\$8.75 Add		
	6. Name and Address of Current F	Registered Agent				. Name and Address of Ne	N Hegistered A	gent		
·* · .	1	<u>_</u> - `		Name	ν _	اللوا الشروع المح الليليث	٠ -	<u> </u>		
STOTTLER, RICHARD H. JR.			Street Address (P.O. Box Number is Not Acceptable)							
	ATLANTIC AVENUE NAVERAL FL 32920									
							FL	Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing it	s register	ed office or	registered	agent, or both, in the State of	Florida.			
					•					
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable (NO	TE. Registere	a Agent signatu	ire required whe	en reinstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2000 F Make Check Payable to			III FEE 000 Fee ble to D	IS \$150.0 will be \$5 epartment	of State	10. Election Campaign Trust Fund Contribu	ution.	Added	0 May Be to Fees	
11.	OFFICERS AND I	DIRECTORS	12.			ADDITIONS/CHANGES TO C				
TITLE	DPST	☐ Oelete	TITL	E	DS			Change	Applition	
NAME	STOTTLER RICHARD H IR		NAM							
STREET ADDRESS	8680 N. Atlantic Ave			ET ADDRESS -ST-Z!P		,	•			
CITY-ST-ZIP	Cape Canaveral, FL	32920	הוד. הודה			1 0000 -12/	<u>3517</u>	Tance.	addres	
TITLE NAME	ps	XX Delete	SIAM			-12e	′27/000	11048	009	
STREET ADDRESS	DEEVERS JUDITH C.		4	ET ADDRESS		*****61,25 *****61,25				
CITY-ST-2(P	8680 N. Atlantic Ave	nue	CITY	-ST-ZIP		<u> </u>				
TITLE	Cape Canaveral, FL	32920 Delete	TITL		Ŋ₽			☐ Change	XX Addition	
NAME			MAM	1		ILAND, JOY	•			
STREET ADDRESS CITY-ST-ZIP	•			ET ADDRESS -ST-ZIP		N. Atlantic Ave Beach, FL 329			I	
		Delete	TITL		Cocos	Beach, FL 329		☐ Change		
TITLE NAME		C) Delete	nan							
STREET ADDRESS			STP	ET ADDRESS					Í	
CITY-ST-ZIP			ĈITY	-ST-ZIP						
TITLE		Delete	TITL	ì				☐ Change	== == ================================	
NAME			NAM etro	E ET ADDRESS						
STREET ADDRESS SITY-ST-ZIP				-ST-ZIP						
TITL S		☐ Delete	TITLE			•		☐ Change	2dition	
NAME	,	55.00	MAIT						_	
STREET ADDRESS			·	ET ADDRESS			-	K		
CITY-ST-ZIP	<u> </u>			-ST-ZIP					formation	
13. I he reby 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 indic ated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.										

Thy Gilliland, Pres.

8/1/00

(321) 784