


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

FILED

May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																		
<b>DOCUMENT # S01412 (3)</b> 1. Corporation Name <b>FIDELITY REAL ESTATE ENTERPRISES, INC.</b>																																																																						
Principal Place of Business <b>6015 CHESTER CIRCLE</b> <b>107</b> <b>JACKSONVILLE FL 32217</b> <b>US</b>			Mailing Address <b>6015 CHESTER CIR</b> <b>107</b> <b>JACKSONVILLE FL 32217-2270</b> <b>US</b>																																																																			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>10/01/1990</b> 4. FEI Number <b>59-3040888</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																		
9. Name and Address of Current Registered Agent <b>MCCOY, JOHN F</b> <b>4907 28TH AVE E</b> <b>PALMETTO FL 34221</b>			10. Name and Address of New Registered Agent 81 Name <b>John F. McCoy, Sr.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6015 CHESTER CIRCLE</b> 83 Suite 107 84 City <b>JACKSONVILLE</b> <b>FL</b> 85 Zip Code <b>32217-2270</b>																																																																			
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 provisions of, Section 607.0505, Florida Statutes. SIGNATURE <b>John F. McCoy Sr. John F. McCoy, Sr. President</b> DATE <b>04-29-1997</b> <small>(Signature, typed or printed name of registered agent, and use if applicable) (NOTE: Registered Agent signature required when reinstating)</small>																																																																						
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 50%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> DELETE         </td> </tr> <tr> <td>PD</td> <td>MCCOY, JOHN F</td> <td>6015 CHESTER CIR, SUITE 107</td> <td>JACKSONVILLE FL</td> <td></td> </tr> <tr> <td>STD</td> <td>MCCOY, JOHN F JR</td> <td>6015 CHESTER CIR SUITE 107</td> <td>JACKSONVILLE FL</td> <td></td> </tr> <tr> <td>STD</td> <td>SHEPARD, CARL L</td> <td>6232 CASE AVENUE</td> <td>BRADENTON FL</td> <td style="text-align: center;"><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	PD	MCCOY, JOHN F	6015 CHESTER CIR, SUITE 107	JACKSONVILLE FL		STD	MCCOY, JOHN F JR	6015 CHESTER CIR SUITE 107	JACKSONVILLE FL		STD	SHEPARD, CARL L	6232 CASE AVENUE	BRADENTON FL	<input checked="" type="checkbox"/> DELETE					<input type="checkbox"/> DELETE					<input type="checkbox"/> DELETE					<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.1 TITLE</td> <td style="width: 45%;">1.2 NAME</td> <td style="width: 50%;">1.3 STREET ADDRESS</td> <td style="width: 10%;">1.4 CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>2.1 TITLE</td> <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY - ST - ZIP</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.1 TITLE</td> <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY - ST - ZIP</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.1 TITLE</td> <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY - ST - ZIP</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.1 TITLE</td> <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY - ST - ZIP</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.1 TITLE</td> <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY - ST - ZIP</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do 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 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 changed, or on an attachment with an address.																																																																						
SIGNATURE: <b>John F. McCoy Sr</b> <b>John F. McCoy Sr</b> <b>04-29-1997</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																						



CR2E034 (9/96)