

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathburn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S03027** (7)

1. Corporation Name
ARMOR REAL ESTATE COMPANY, INC.



Principal Place of Business: **3725 WEST GRACE STREET, #500 TAMPA FL 33607**
Mailing Address: **3725 WEST GRACE STREET, #500 TAMPA FL 33607**

3. Date Incorporated or Qualified: **09/20/1990**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **59-3040762**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: []
22: Suite, Apt. #, etc. []
23: City & State []
24: Zip [] Country []
26: []
27: Suite, Apt. #, etc. []
28: City & State []
29: Zip [] Country []

9. Name and Address of Current Registered Agent

**MYERS, LARRY E., ESQUIRE
3725 WEST GRACE STREET, #500
TAMPA FL 33607**

10. Name and Address of New Registered Agent

81 Name []
82 Street Address (P.O. Box Number is Not Acceptable) []
83 []
84 City []
85 Zip Code []

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Larry Myers

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	ESTES, JASON	
STREET ADDRESS	3725 W GRACE ST, #500	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 NAME	
27 STREET ADDRESS	
28 CITY-ST-ZIP	
29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30 NAME	
31 STREET ADDRESS	
32 CITY-ST-ZIP	
33 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34 NAME	
35 STREET ADDRESS	
36 CITY-ST-ZIP	
37 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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47 STREET ADDRESS	
48 CITY-ST-ZIP	
49 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
50 NAME	
51 STREET ADDRESS	
52 CITY-ST-ZIP	
53 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
54 NAME	
55 STREET ADDRESS	
56 CITY-ST-ZIP	
57 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
58 NAME	
59 STREET ADDRESS	
60 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.033(5), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and bear 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 registrar 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: *Larry Myers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-96 (813) 874-7117

CR2E034 (12/95)