

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

FILED

Mar 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S09379

(6)

1. Corporation Name

AEREA REALTY, INC.



Principal Place of Business

714 THIRD AVENUE  
NEW SMYRNA BEACH FL 32169

Mailing Address

714 E. 3RD AVE  
NEW SMYRNA BEACH FL 32189-3102  
US

3. Date Incorporated or Qualified

10/29/1990

3a. Date of Last Report

04/10/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3036541

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEISENBERGER, HEIDE M.  
714 THIRD AVENUE  
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

Signature of the person or persons named as registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	WEISENBERGER, HEIDE M.	714 THIRD AVENUE NEW SMYRNA BEACH FL	<input type="checkbox"/> DELETE			
	D	EICH, MALCOLM J.	714 THIRD AVENUE NEW SMYRNA BEACH FL	<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			
				<input type="checkbox"/> DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition																			

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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.11.97

Date

Daytime Phone

904-428-3040

0024264

CR2E034 (9/96)