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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

(7)

ANNA MARIA REAL ESTATE COMPANY, INC.

2. Principal Place of Business 28. Mailing Address 4. FEI Number 65-0244693 25	ast Report 6/1995 Applied For Not Applica 8.75 Additional Fee Required \$5.00 May Be Added to Fees ider s 199.032,
LONGBOAT KEY FL 34228 2	6/1995 Applied For Not Applica 8.75 Additional Fee Required \$5.00 May Be Added to Fees riders 199.032,
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Zip	nt 199.032,
9. Name and Address of Current Registered Agent MCLAUCHLIN, SHARON H. 760 BROADWAY LONGBOAT KEY FL 34228 1. 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 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, 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, 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 and see a supposed. INSTATURE 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. City St. ZiP MCLAUCHLIN, SHARON H. 3949 RIVERVIEW BLVD BRADENTON FL DELETE 1 TITLE 22 NAME 44 City St. ZiP DELETE 1 TITLE 22 NAME 3949 RIVERVIEW BLVD BRADENTON FL DELETE 3 TITLE 3 TITLE 3 TITLE 3 TITLE 4 TITLE	
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14. Too hereby certify that the information supplied with this littly is voluntarily in little and accurate and that my signature shall have the same legal efficient 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;	
appears in Riock 12 or Riock 13 if changed, or on an attachment with an address.	
SIGNATURE: SAME I. Mc Faucli SIGNATURE: SANATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days	
SIGNATURE: # Dum 1. 1 0 0 0 0 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date	