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

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # \$34836**

(4)

SOUTHE	RN REALTY AND INVESTM	ENTS INC.  Mailing Address				
501 S FL AVE         501 S FL AVE           LAKELAND FL 33801         LAKELAND FL 33801           US         US						
					3. Date Incorporated or Qualified 03/01/1991	3a. Date of Last Report 06/12/1996
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21	H	26			59-3007412	Not Applicable
Suite, Apt.	# EIC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28			Trust Fund Contribution	Added to Fees
Z <sub>i</sub> p	Country	Zip	Countr	y	8. This corporation has liability for i	
24	9, Name and Address of Curre	29 Agent	30		Florida Statutes  10. Name and Address of New Re	Yes No
TOLL	MAN, ROBERT L	ir realisteren waari	8	Name	10. Italite and Addiess of Italy Co	Aistoned Willette
SUM			82		ress (P.O. Box Number is Not Acceptab	Ja1
	S. FLA. AVE.		04	Street Addr	ress (F.O. Box Number is Not Acceptab	ne)
LAKE	ELAND FL 33801		8:			
			B4	City		85 Zip Code
44 5	(0)	0 1007 (00 5)		<u> </u>		<u>                                     </u>
office or r	to the provisions or Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	∈of Florida. Such chance wa	as authorized b	v the corporat	poration submits this statement for the p tion's board of directors. I hereby acception	of the appointment as registered
SIGNATURE	Signature, bjodd or printed name o registered ag	ord and title if applicable (	NOTE: Bacistered A	ent signature requi	red when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PTS	☐ DELETE	1.1 TITLE			Change X Addition
NAME	TOLMAN, ROBERT L		1.2 NAME			
STREET ADDRESS	501 S FL AVE		1	T ADDRESS	_	222
CITY - ST - ZIP	LAKELAND FL	☐ DELETE	14 CITY -	ST-ZIP		- 33801 - 5 2 28 ☐ Change ☐ Addition
TITLE		☐ DETELE	2.1 TITLE			Cuange (1) Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREE	T ADDRESS		
CITY-ST-7/2			2 4 City	l l		
TITLE		☐ DELETE	3.1 TITLE	J. 2		Change Addition
NAME			3.2 NAM6			\\.
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP			3.4. CITY	- ST - ZIP		
TITLE		L_J DELETE	4.1 TITLE	.		Change Addition
NAME CIOCET ADODICO			4. 2 NAM			
STREET ADDRESS   CITY-ST-ZIP			4.3 STHE	1 AOORESS		
TITLE		DELETE	51 TITLE	98-811		Change Addition
NAME			5.2 NAM			
STREET ADDRESS			5.3 STRE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			1	1 ADDRESS		
CITY - S1 - ZIP	by certify that the information supply	ed with this fill no does not re	64 CITY ualify for the ex		d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informatic Lam an o	on indicated on this annual report or	supplemental annual report ir the receiver or trustee emp	is true and acc powered to exe address	curate and tha cute this repo	t my signature shall have the same legart as required by Chapter 607, Florida S	al effect as if made under oath; that

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Jan 16 1997 8:00am

Secretary of State

0524126