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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sanora B. Mortham

Secretary of State

| 1                             | 996  | DIVISION OF                    | CORPORATIO            | 2010                           |  |  |  |
|-------------------------------|--|--------------------------------|-----------------------|--------------------------------|--|--|--|
| DOCUM<br>1. Corporation       |  | 55 (7)                         |                       |                                |  |  |  |
| CITY R                        | EALTY SERVICES, INC.   |                                |                       |                                |  |  | <b>B</b> .(#14 <b>\$</b> 4#44 t <b>\$</b> #4 |
|                               |  |                                |                       |                                |  |  |  |
| Principal Place of            | of Business  | Maiing Address                 |                       |                                |  | II DARK GIDA DIDII BADII DEDIA                       | OLEM BABIL JOEA                              |
| 1266 1ST STI                  |  | 1266 1ST STREET                |                       |                                |  |  |  |
| SUITE 5                       |  | SUITE 5                        |                       |                                |  |  |  |
| SARASOTA F                    | L 34236  | SARASOTA FL 34236              |                       |                                | 3. Date Incorporated or Qualified  | 3a. Date of Last Re                                  |  |
|                               |  |                                |                       |                                | 06/14/1991<br>4. FEI Number  | 05/01/199  |  |
| 2. Principal Place            | ce of Business   | 2a. Mailing Address 26         |                       |                                | 65-0268771   | <del> </del>   | Applied For<br>Not Applicable                |
| Suite, Apt. #                 | , etc  | Suite, Apt. #, etc.            |                       |                                | 5. Certificate of Status Desired   | \$8.75   | Additional                                   |
| 22                            |  | 27                             |                       |                                | 5. Certificate of Status Desired   |  | Required                                     |
| City & State                  |  | Orty & State                   |                       |                                | Election Campaign Financing     Trust Fund Contribution  | 1 1 7  | May Be                                       |
| <b>23</b> Zip                 | Country  | 28]<br>  Zijo                  | Country               |                                | B. This corporation has liability for  | Audeu  |  |
| 24                            | 25   | 29                             | 30                    |                                |  | s □No  |  |
|                               | g. Name and Address of Curre   | nt Registered Agent            |                       | r                              | 10. Name and Address of New F  | Registered Agent                                     |  |
|                               |  |                                | 61                    | Name                           |  |  |  |
|                               | r, ron W.<br>It street   |                                | 82                    | Street Addr                    | ress (P.O. Box Number is Not Acceptat  | tile)  |  |
| SUITE 5                       |  |                                | 83                    |                                |  |  |  |
|                               | )TA FL 34236   |                                | 84                    | City                           |  | 85 Z <sub>I</sub>                                    | Code   |
| •                             |  |                                |                       | 1 ,                            |  | FL   |  |
| or registere<br>familiar with | o the provisions of Sections 607.650<br>ad agent, or both, in the State of Flor<br>h, and accept the obligations of, Sec | rida. Such change was authoriz | ed by the con         | named corpo-<br>ioration's boa | ration submits this statement for the purify of directors. Thereby accept the app  | irpose of crianging its r<br>pointment as registered | agent Lam                                    |
| SIGNATURE _                   | Signature, typed or printed name of registeric ages  | tandite italijedare (N         | It Begister of Ages   | Esqual de terpo:               |  | [ATE   |  |
| 12.                           |  | ND DIRECTORS                   | 13.                   |                                | ADDITIONS/CHANGES TO OF  | FICERS AND DIRECTO                                   | RS IN 12                                     |
| TITLE                         | DP DEFEIL  |                                | 1 1 THILE<br>12 NAME  |                                |  | [ ] Grigings   |  |
| NAME<br>STREET ADDRESS        | 1233 1ST STREET #5   |                                | 1.3 SYREET ADDRESS    |                                |  |  |  |
| CITY-ST-ZIP                   | SARASOTA FL  |                                | 1.4 CITY -            |                                |  |  |  |
| TITLE                         | £.,  |                                | 2 1 Tifus             |                                | Change Addition  |  | Add tion                                     |
| NAME                          | WEINHOLD, KARL W.  |                                | 2 2 NAME              |                                |  |  |  |
| STREET ADDRESS                | 1266 1ST STREET, #5  |                                | $\sim$                | 1 ADDRESS                      |  |  |  |
| CITY-S!-ZiP                   | SARASOTA FL  |                                |                       | 2.4 CiTY - ST - ZiP Change     |  | ☐ Addition   |  |
| TITLE<br>NAME                 |  |                                | 3 2 NAME              |                                |  |  |  |
| STREET ADDRESS                |  |                                |                       | - LADORESS                     |  |  |  |
| CITY-ST-7/P                   |  |                                | 3.4 CITY -            |                                |  |  |  |
| TITLE                         |  | ☐ DELETE                       | 4 3 111116            |                                |  | Change   | Addition                                     |
| NAME                          |  |                                | 4.2 NAME              |                                |  |  |  |
| STREET ACCRESS                |  |                                |                       | LADDRESS [                     |  |  |  |
| CITY - ST - ZIP               |  | DELFTE                         | 4.4.0-1Y<br>5.1.TITLE | ST-ZIP                         | The same of the sa | Change   | Addition                                     |
| NAME                          |  |                                | 5.2 NAME              |                                | 9000018  |  |  |
| STREET AS ORESS               |  |                                |                       | T ACORESS                      | -05/15/9601  |  |  |
| CITY - ST - ZIP               |  |                                | 5.4 CiTy -            |                                | ***200,00  |  |  |
| TITLE                         |  | ☐ DELETE                       | 6 1 TITLE             |                                |  | Change   | Addition                                     |
| NAME                          |  |                                | 6.2 NAME              |                                |  |  |  |
| STREET ADDRESS                |  |                                | 6.3 STREE             | I ADDRESS                      | <b>6</b> -   | 1-96   | $ \mathcal{N} $                              |

CITY-ST-ZIP

14. Loo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes if 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 eath; 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 SAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)