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

Corporation Name

21

22

23

24

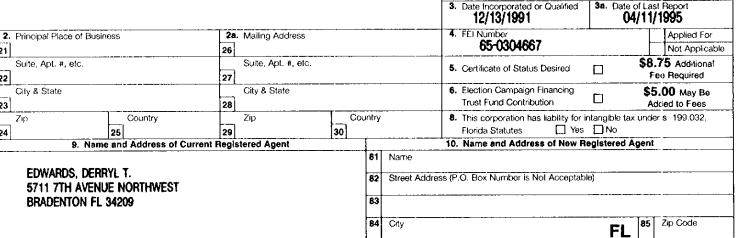
DOCUMENT #

ANN THOMAS REAL ESTATE REFERRALS, INC.

Principal Place of Business 5105 MANATEE AVENUE WEST **BRADENTON FL 34209**

Mailing Address

5105 MANATEE AVENUE WEST **BRADENTON FL 34209**



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, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS			TE Registered Agent signature required 13.	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ITLE	PD OF FIGURE	DELETE	1. 1 TITLE	Chang: Addit
ME	CAMPBELL, GRACE E.		1.2 NAME	
	2200 38TH AVENUE WEST		1.3 STREET ADDRESS	
REET ADDRESS	BRADENTON FL			
Y-ST-ZIP	VD	☐ DELETE	1.4 CITY - ST - ZIP 2. 1 TITLE	☐ Change ☐ Addit
	EDWARDS, ALLEN ROSS	_ bitte	2.2 NAME	C Average C Average
ME	908 59TH STREET N.W.		I	
REET ADDRESS	BRADENTON FL		2.3 STREET ADDRESS	
1Y - S1 - ZIP	STO	☐ DELETE	2.4 C(TY-ST-Z(P	[Change
LE	EDWARDS, COALLA F.	[] perene	3 1 TITLE	Changs C Noon
ME	5711 7TH AVENUE N.W.		3 2 NAME	
HEFT ADDRESS			3 3. STREET ADDRESS	
TY-S1-ZIP	BRADENTON FL		3.4 CITY - ST - ZIP	En o
Ti£		DELETE.	4. 1 TITLE	Change Addit
ME			4.2 NAME	
REE1 ADDRESS			4.3 STREET ADDRESS	
TY - ST - ZIP			4.4 CITY - ST - ZIP	
ILE .		DELETE	5 1 TITLE	Change Addit
AME			5 2 NAME	
REET ADDRESS			5 3 STREET ADDRESS	
TY-ST-ZIP			5.4 CITY-ST-ZIP	
TLF		☐ DELETE	6. 1 TITLE	Change Add
AME			6.2 NAME	
TREET ADDRESS			6 3 STREET ADDRESS	
ITY - ST - ZIP			64 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 119.07(3)(k), Florida Statutes. I 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 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 ap attachment with an address. ME OF SIGNING OFFICER OF DIRECTOR DELO SIGNING OFFICER OF DIRECTOR DIRECTOR DIRECTOR DELO SIGNING OFFICER OF DIRECTOR DI

CR2E034 (12/95)