FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29802 (8)

1. Corporation Name
92 REALTY, INCORPORATED

Principal Place of Business	Mailing Address
2907 SR 590 STE 11 CLEARWATER FL 34619 US	2907 S.R 590 SUITE 11 CLEARWATER FL 34619 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1992
3a. Date of Last Report: 05/10/1994

2. Principal Place of Business
21 13436 U.S. Hwy 19
22 Suite, Apt. #, etc.:
23 City & State: Hudson Florida
24 Zip: 34667
25 County: PASCO

2a. Mailing Address
26 P.O. Box 5190
27 Suite, Apt. #, etc.:
28 City & State: Hudson Florida
29 Zip: 34674
30 County: PASCO

4. FEI Number: 59-3130914 — 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 [X] No

9. Name and Address of Current Registered Agent

HARRISON, GLORIA T
2907 S R 590
SUITE 11
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name: Gloria T. Harrison
82 Street Address (P.O. Box Number is Not Acceptable): 13436 U.S. Hwy 19
83 P.O. Box 5190 (mail)
84 City: Hudson FL 85 Zip Code: 34674

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] Gloria T. Harrison 5-1-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRISON, GLORIA
STREET ADDRESS	1147 DOVER CT.
CITY-ST-ZIP	CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1 TITLE	PD	[X] Change [ ] Addition
1 NAME	HARRISON GLORIA	
1 STREET ADDRESS	P.O. Box 7107 NIA	
1 CITY-ST-ZIP	Hudson Florida 34674	

14. I 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)(i), Florida Statutes. I further certify that the information indicated on this special 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] Gloria T. Harrison 4-28-95 813-869-9294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0370300 CP