SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1997 **DIVISION OF CORPORATIONS** JUL 25 AM 7: 24 DOCUMENT # V32333 (9)SECRETARY OF STATE REALTY ASSOCIATES OF CENTRAL FLA., INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 499 HWY, 434 499 HWY. 434 STE. 2029 STE. 2029 ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE ALTAMONTE SPRINGS FL 32714 3. Date Incorporated or Qualified 3a. Date of Last Report 04/27/1992 09/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 499 Hwy 434 * 2 Suite, Apt. #, etc. (same) 26 59-3190702 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 2013 27 Fee Required City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible Yes X No 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MACMILLAN, JOHN R 81 Name 300 COLUMBUS CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 83 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE ☐ Change ☐ Addition 1.1 TITLE MACMILLAN, JON R NAME 1.2 NAME 300 COLUMBUS CIRCLE STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ■ DELETE 2.1 TITLE ☐ Change ■ Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 353-NAME 3.2 NAME -08/01/97--01094--020 STREET ADDRESS 3.3 STREET ADDRESS ****165.00 ****165.00 CITY-ST-ZIP 3.4. CITY-ST-ZIP ■ DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 tam 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.



Division Of Corporations Annual Reports Section POB 1500 Tallahassee, Fl. 32301

Dear Sirs:

i was informed by your Dept. (7/28/07) that since we never received the original notice of this Corporate filing, the original \$165.00 charged was acceptable.

Thank you for your assistance.

Regards,

John MacMillan