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 CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

Sep 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	Name # V65831	(2)					
TIERRA	VERDE REAL ESTATE COM	PANY					
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Principal Plac	a of Buringes	Mailing Address					
Principal Place of Business		•					
544 PINELLAG BATWAT 6- STE-SOL		- 544-PINELLAS BAYWAY 6 S TE 204-					
TIERRA VERDE FL \$3715-929		TIERRA VERDE FL 33715-929			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualified	Į.	eport
O Detected D	Name of Division	1 0 - Mailing Address	· · · · · · · · · · · · · · · · · · ·		09/21/1992 4. FEI Number	05/01/1996_	
2. Principal Place of Business 21 433 474 AV/: N		26. 433 4711 AV 6 N			· ·		plied for t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3143885	- \$9.75		
22		27		5. Certificate of Status Desired	Fee Re		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23 TIERRA VERDE FL.		28 TIERM VENDR FL.		Trust Fund Contribution	Added t	to Fees	
Zip Country 24 337/5 25 PINICLAS 9. Name and Address of Current		Zip Country		8. This corporation owes or has paid the current year Intangible			
24 337/5 25 PINIZLIAS 9. Name and Address of Current		29 337/5 30 PINIELLAS		INICLYS	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
		9		81 Name		-8-2	
	RRINGTON, DANIEL J.	4. 4.4	_	00 00	(DO B. N		
544 PINELLAG BAYWAY G 433 474 AJA N. TIERRA VERDE FL 33715			N,	82 Street Addre	ess (P.O. Box Number is Not Accepta	ible)	
1 (THE VEHICL TE 007 TO			63			
				84 City		■■ 85 Zip C	Code
							1
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Si	tatutes, the a	bove-named corporation	oration submits this statement for the	purpose of changing its	s registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505	5, Florida Sta	tutes.	on a board of amostore, Thereby door	spt trib appointment ou	Togratored
SIGNATURE	Signature, typed or printed name of registered agent	(a. della il a. deal la	AVOTE, D	ed Agent signature require		DATE	
12.	OFFICERS AND		13.	ad Agont signature require	ADDITIONS/CHANGES TO OFF		S IN 12 F
TITLE	PVS DELETE			ITLE		☐ Change	Addition
NAME	HARRINGTON, DANIEL J.		1.2)	AME]
STREET ADDRESS	544 PINELLAS BAYWAY & 433 4 TH ALLY N) 1.3 5	TREET ADDRESS			
CITY-ST-ZIP			1.4 (CITY - ST - ZIP			ह
THILE	STD DELETE 2		2.17	ITLE		Change	Acdition C
NAME	HARRINGTON, DANIEL J.			IAME			
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NAME	<u> </u>			LAME		C Outings	Addition
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·TITLE	DELETE		511	ITLE		☐ Change	Addition
NAME			5.21	AME			
STREET ADDRESS				TREET ADDRESS			
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TITLE						☐ Change	L] Addition
NAME CTOCCY ADDRESS				IAME			
STREET ADDRESS				TREET ADDRESS			
14. I do here!	by certify that the information supplied	with this filing does not a		e exemption stated	in Section 119.07(3)(i). Florida Statut	les. 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 13 if changed, or on an attachment with an address.