

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/7/95: \$229 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$579)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**95 JUL -3 AM 8:07**

**DOCUMENT # G46927 (1)**  
1. Corporation Name  
**PAI REALTY, INC.**

Principal Place of Business: **400 MEMORIAL HWY. SUITE 101 TAMPA FL 33634**  
Mailing Address: **400 MEMORIAL HWY. SUITE 101 TAMPA FL 33634**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/30/1983** 3a. Date of Last Report: **04/11/1994**  
4. FEI Number: **50-2318047** 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  No

2. Principal Place of Business: 21 [ ] 26. Mailing Address: 26 [ ]  
22. Suite, Apt. #, etc.: 22 [ ] 27. Suite, Apt. #, etc.: 27 [ ]  
23. City & State: 23 [ ] 28. City & State: 28 [ ]  
24. Zip: 24 [ ] Country: 25 [ ] 29. Zip: 29 [ ] Country: 30 [ ]

9. Name and Address of Current Registered Agent: **MITCHELL, STEPHEN J. TAMPA CITY CENTER BLDG, STE-2100 TAMPA FL 33602**  
10. Name and Address of New Registered Agent: 81 Name: [ ] 82 Street Address (P.O. Box Number is Not Acceptable): [ ] 83 [ ] 84 City: [ ] 85 Zip Code: **FL**

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] DATE: [ ]

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS #1-12	
TITLE: <b>DP</b>	NAME: <b>SOLLINGER, MICHAEL L.</b>	1.1 TITLE: [ ]	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: <b>8341 DONNA LU DR.</b>	CITY ST ZIP: <b>ODESSA FL 0</b>	1.2 NAME: [ ]	
TITLE: <b>ST</b>	NAME: <b>SOLLINGER, VERONA D.</b>	1.3 STREET ADDRESS: [ ]	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: <b>8341 DONNA LU DR</b>	CITY ST ZIP: <b>ODESSA FL</b>	1.4 CITY ST ZIP: [ ]	
TITLE: <b>V</b>	NAME: <b>LIBERTO, RICHARD</b>	2.1 TITLE: [ ]	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: <b>3679 DERBYSHIRE ROAD #100</b>	CITY ST ZIP: <b>CASSELBERRY FL 32707</b>	2.2 NAME: [ ]	
TITLE: <b>V</b>	NAME: <b>PITTINGER, CHARLES</b>	2.3 STREET ADDRESS: [ ]	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: <b>910 PINELLAS BAYWAY S. #201</b>	CITY ST ZIP: <b>TIERRE VERDE FL 33715-2125</b>	2.4 CITY ST ZIP: [ ]	
TITLE: [ ]	NAME: [ ]	3.1 TITLE: [ ]	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [ ]	CITY ST ZIP: [ ]	3.2 NAME: [ ]	
TITLE: [ ]	NAME: [ ]	3.3 STREET ADDRESS: [ ]	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [ ]	CITY ST ZIP: [ ]	3.4 CITY ST ZIP: [ ]	
TITLE: [ ]	NAME: [ ]	4.1 TITLE: [ ]	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [ ]	CITY ST ZIP: [ ]	4.2 NAME: [ ]	
TITLE: [ ]	NAME: [ ]	4.3 STREET ADDRESS: [ ]	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [ ]	CITY ST ZIP: [ ]	4.4 CITY ST ZIP: [ ]	
TITLE: [ ]	NAME: [ ]	5.1 TITLE: [ ]	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [ ]	CITY ST ZIP: [ ]	5.2 NAME: [ ]	
TITLE: [ ]	NAME: [ ]	5.3 STREET ADDRESS: [ ]	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [ ]	CITY ST ZIP: [ ]	5.4 CITY ST ZIP: [ ]	
TITLE: [ ]	NAME: [ ]	6.1 TITLE: [ ]	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [ ]	CITY ST ZIP: [ ]	6.2 NAME: [ ]	
TITLE: [ ]	NAME: [ ]	6.3 STREET ADDRESS: [ ]	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: [ ]	CITY ST ZIP: [ ]	6.4 CITY ST ZIP: [ ]	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(5)(b), 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 as an attachment with an address.

SIGNATURE: [Signature] M.L. SOLLINGER Date: **6/28/95** 813 884-1695

CR2E034 (3/95)