

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90207 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000089174

1. Corporation Name
100% REALTY, INC.



Principal Place of Business 11 NE RACETRACK RD. SUITE F3 FT WALTON BEACH FL 32547 US	Mailing Address 11 NE RACETRACK RD. SUITE F3 FT WALTON BEACH FL 32547 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 11/20/1995	
4. FEI Number 59-3343607	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

KRAHENBUHL, DAVID W
329 OLDE POST RD
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name **DAVIS, ROBIN D**

82 Street Address (P.O. Box Number is Not Acceptable)
141 DEVILLE DR

83

84 City **MARY ESTHER** FL 85 Zip Code **32569**

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]* **ROBIN D. DAVIS VP** DATE **4/26/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LICARI, CHARLES J	
STREET ADDRESS	343 SHANNON COURT	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIS, ROBIN D	
STREET ADDRESS	141 DEVILLE DR.	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRAHENBUHL, DAVID W	
STREET ADDRESS	329 OLDE POST RD.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KRAHENBUHL, DONNA L	
STREET ADDRESS	329 OLDE POST RD.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VSD DAVIS, ROBINDD
2.3 STREET ADDRESS	141 DEVILLE DR.
2.4 CITY-ST-ZIP	MARY ESTHER, FL 32569
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D KRAHENBUHL, DONNA L
4.3 STREET ADDRESS	329 OLDE POST RD.
4.4 CITY-ST-ZIP	NICEVILLE, FL. 32578
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **ROBIN D. DAVIS VP** DATE **4/26/99** DAYTIME PHONE # **850-862-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)