May 06, 1999 8:00 am Secretary of State

05-06-1999 90049 037 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9200000734

NATIONAL REALTY MANAGEMENT, INC.

Principal Place	e of Business	Mailing Address								
7800 E KEMPER	R ROAD	7800 E KEMPER ROAD								
#300		#300								
CINCININATIOH	1 45249	CINCINNATI OH 45249			Į	DO NOT WRITE IN THIS SPACE				
US US					į	3. Date Incorporated or Qualifed 12/03/1992				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26			1	31-1285260	[_	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				E. Contiferate of Status Desired	75 ₽	dditional		
22		27				-5. Certificate of Status Desired	F	Fee Required		
City & State	e ·	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip				ry		8. This corporation owes the current year Int	angible			
24	25 29 30				i	Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent		_		10. Name and Address of New Registered	Agent			
			8	1	Name				1	
	TON, PATRICK J		8	+	Etropt Address	dress (P.O. Box Number is Not Acceptable)				
	NSON, DINER, STONE & COHEN	, P.A.	ľ	4	Sireet Addres	Address (P.O. Box Number is Not Acceptable)				
	S TYLER ST.		8	3						
HOU	LYWOOD FL 33022		<u> </u>							
			8	- [City	FL	85	Zip (ŀ	
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 familier with, and accept the obligations of, Section 607.0505, Florida Statutes.										
·										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRI	сто	RS IN 12	
TITLE	DP DELETE 1:		1.1 TITLE	1.1 TITLE			Ch	ange	☐ Addition	
NAME	SCHULER, ROBERT E		1.2 NAME		ļ				{	
STREET ADDRESS	7800 E KEMPER RD		1.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP	CINCINNATI OH 45249		1.4 CITY-		Į				ſ	
TITLE			_	2.1 TITLE			□ Ch	ange	Addition	
NAME	}	<u></u>	1	22 NAME			_	•	_ }	
			2.3 STREET ADDRESS		DODE CO				1	
STREET ADDRESS			2.4 CITY-ST-ZIP			•				
CITY-ST-ZIP		☐ DELETE	2.4 CITY		-ZIP		Ch	ande	Addition	
YITLE		☐ p¢reie			1			90		
NAME			3.2 NAME						}	
STREET ADDRESS			3.3 STREET ADDRESS						İ	
CITY-ST-ZIP				3.4. CITY-ST-ZIP			☐ Ch	anac	Addition	
TITLE	_		4.1 TTLE				il cu	onge	LT VOCIDOR	
NAME			I	4. 2 NAME					J	
STREET ADDRESS				4.3 STREET ADORESS					ţ	
CITY-ST-ZIP			4.4 CITY-5		ZIP					
TITUE		☐ DELETE	5.1 TITLE		ĺ		□ ch	ange	☐ Addition	
NAME			5.2 NAME		Į					
STREET ADORESS			5.3 STRE						}	
CITY-ST-ZIP				ST-	ZIP					
TITLE	☐ DELETE		6.1 TITLE	ļ			☐ Ch	ange	☐ Addition	
NAME			6.2 NAME						}	
STREET ADDRESS			6.3 STRE	ETA	ADDRESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #