- 200	UNIFO	THIN DUS	INESS NEP	Uni	(OD)	<u>, </u>	_	
DOCUMENT # F9200000734								
1. Entity Name NATIONAL REALTY MANAGEMENT, INC.							, i	
NATIONAL DEALTE MANAGEMENT, 1190-						FILED		
Principal Place of Business Mailing Address							01 APR 30 PM 12: 10	
7800 E KEMPEI	R ROAD		7800 E KEMPER ROAD				OF ACC SO PRIZE 10	
#300 CINCINNATI OH 45249 US			#300 Cincinnati oh 45249 Us				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business			3. Mailing Address					
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & State			City & State				4. FEI Number 31-1285260 Applied For Not Applicable	
Zip	Co	Zip Cour		try		5. Certificate of Status Desired Session Ses		
	6. Name and	Address of Current	Registered Agent		Name _		7. Name and Address of New Registered Agent	
NEWTON, PATRICK J ATKINSON, DINER, STONE & COHEN, P.A.					Street Address (P.O. Box Number is Not Acceptable)			
1946 TYLER ST.					102	~ <	2010 - 01012 A	
HOLL	LYWOOD FL 330	22		1800:			S. TIVE LS(a) & TO.	
, in the second						<12	1) + 100 FL (33304)	
8. The above	e named entity sub	mits this statement fo		-			red agent, or both, in the State of Florida.	
SIGNATURE	lia	nd // 10	nd C	aroi F	iecoro	j	4-27-01	
	Signature, typed or print	ed name of registered agent	and attle if applicable.	esista	nt Se	crefa	when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FE					IS \$150.0	00	10. Election Campaign Financing \$5.00 May Be	
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 200 Make Check Payable							Trust Fund Contribution. Added to Fees	
11.		DIRECTORS	12.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DST		Delete	TITLE		282	Va Dahard E M Change □ Addition	
NAME STREET ADDRESS	SCHULER, RO		NAM STRE			OD E. Kemper AD		
7800 E KEMPER ROAD CITY-ST-ZIP CINCINNATI OH 45249					-ST-ZIP		45849 H 45849	
TITLE	P		☐ Delete	TITLE			☐ Change ☐ Addition	
NAME	CARPENTER, J			NAM	E Et address			
STREET ADDRESS CITY-ST-ZIP	7800 E KEMPE CINCINNATI O				-ST-ZIP			
TITLE	V	1-10213	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME	BRETT, WILLIA			NAM		`	6000041368360 -05/04/0101078013	
STREET ADDRESS CITY-ST-ZIP	7800 E KEMPE				ET ADDRESS -ST-ZIP	Ą	-05/04/0101078013 *****150_00 ****150_00	
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NAME				NAM				
STREET ADDRESS CITY-ST-ZIP	,				ET ADDRESS -ST-ZIP	ı		
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NAME			-	NAM				
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -St-zip			
TITLE			□ Delete	TITLE		<u> </u>	☆☆ ☐ Change ☐ Addition	
NAME				NAMI			78 □ Change □ Addition	
STREET ADDRESS					ET ADDRESS			
CITY-ST-ZIP	portification to a local	motion are all and a date	ship filing along the transfer		ST-ZIP	adic Oc	olion 110 07(0Vi) Florido Control II de la	
indicated	bertily that the infol on this report or s	mation supplied with upplemental report is	true and accurate and tha	ioi ine exel it my signat	ripuon stat ure shall h	eu in Sec ave the s	ction 119.07(3)(i), Florida Statutes. I further certify that the information 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE!