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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J67675

REFERRAL REALTY GROUP, INC.

						(11) (11) Y	
Principal Place of Business Mailing Address)	B() B(E)) B(G() 10E)
4200 GULF SHORE BLVD N NAPLES FL 34103 US		4200 GULF SHORE BLVD N NAPLES FL 34103 US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 04/16/1987		
2 Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		59-2809949	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.7	5 Additional	
22		27		5. Certificate of Status Desired	<u> </u>	Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Bo		00 May Be	
23		28		Trust Fund Contribution	Add	ed to Fees	
Zip	Country	Zip	ountry		8. This corporation owes the current year in		
24	25	29 30			Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent	81	None	10. Name and Address of New Registered	Agent	
	MANI HOWADD		"	Name	•		
Gutman, Howard 4200 Gulf Shore BLVD North		82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)		
	LES FL 34103		100				
RAF	ELS 1 E 34 103		83				_]
	·	and the state of t	84	City	". FL	85 2	Zip Code
		13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		named corne	pration submits this statement for the purpose of	-	its registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was authoriz	zed by 1	ine corporatio	n's board of directors. I hereby accept the appo	intment a	s registered
SIGNATURE					1 when reinstating) DATE		
	Signature, typed or printed name of registered agent			t signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12
12.	OFFICERS ANI		I TITLE		ADDITIONO/OFFICE TO OFFICE INC.	Char	
	LUTGERT, SCOTT	-	NAME				
NAME	4200 GULF SHORE BLVD N.			ADDRESS			
STREET ADDRESS	NAPLES FL	i i	CITY-ST	1			
CITY-ST-ZIP TITLE	VT		TITLE	- <u> </u>		Char	nge 🔲 Addition
NAME	GUTMAN, HOWARD B	_	2 NAME				
IVAVAL .	2353 PINEWOODS CIRCLE			ADDRESS			
STREET ADDRESS CITY-ST-ZIP	NAPLES FL		4 CITY-S		-	-	
TITLÉ	TOW DEG TE		1 TITLE			Char	nge 🔲 Addition
NAME		3.2	2 NAME	1			
STREET ADDRESS		3.2	STREET	ADDRESS			
CITY-ST-ZIP		3.4	4. CITY-S	T-ZIP			
TILE	1.00	☐ DELETE 4.1	TITLE			☐ Char	nge 🔲 Addition
NAME		4.:	2 NAME				
STREET ADDRESS		4.3	3 STREET	ADDRESS			
CITY-ST-ZIP		4.0	4 CITY-ST	r-ZiP			
TITLE		☐ DELETÉ 5.1	1 TITLE			Char	nge
NAME	[5.2	2 NAME	1			
STREET ADDRESS		5.3	3 STREET	ADDRESS			
CITY-ST-ZIP			4 CITY-ST	r-ZIP	<u> </u>		
TITLE ·		<u></u>	1 TITLE			☐ Char	nge
NAME			2 NAME	ļ			
STREET ADDRESS		6.3	3 STREET	ADDRESS			

SIGNATURE:

14. I hereby certify that the information supplied with this indicated on this annual report or supplemental annual officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attackment.

CITY-ST-ZIP

Malify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ss, with all other like empowered.

FILED

Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90038 013 ***150.00

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