

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



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

1996 3-12-96

b- 20917 c

DOCUMENT # **P95000034280 (4)**

1. Corporation Name

**REAL MISSION CORP.**



Principal Place of Business

Mailing Address

400 S.R. 436  
 SUITE 208  
 CASSELBERRY FL 32707

400 S.R. 436  
 SUITE 208  
 CASSELBERRY FL 32707

3. Date Incorporated or Qualified

3a. Date of Last Report

05/03/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 7212 35

26 P.O. Box 721235

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

589151008

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

22 City & State  
 ORLANDO FL

27 City & State  
 ORLANDO FL

23 Zip  
 32872

Country  
 ORANGE

28 Zip  
 32872

Country  
 ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOPEZ, LUIS  
 400 S.R. 436  
 SUITE 208  
 CASSELBERRY FL 32707

81 Name LOPEZ LUIS

82 Street Address (P.O. Box Number is Not Acceptable)  
 5950 FOLKSTONE LN

83

84 City ORLANDO

FL

85 Zip Code 32822

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, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

LOPEZ LUIS

3/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                            |                                 |
|-----------------|----------------------------|---------------------------------|
| TITLE           | D                          | <input type="checkbox"/> DELETE |
| NAME            | LOPEZ, LUIS                |                                 |
| STREET ADDRESS  | 400 S.R. 436, SUITE 208    |                                 |
| CITY - ST - ZIP | CASSELBERRY FL 32707       |                                 |
| TITLE           | D                          | <input type="checkbox"/> DELETE |
| NAME            | LOPEZ, MARTHA              |                                 |
| STREET ADDRESS  | POST OFFICE BOX 721145 N/A |                                 |
| CITY - ST - ZIP | ORLANDO FL 32872           |                                 |
| TITLE           |                            | <input type="checkbox"/> DELETE |
| NAME            |                            |                                 |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |
| TITLE           |                            | <input type="checkbox"/> DELETE |
| NAME            |                            |                                 |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | LOPEZ LUIS   |
| 1.3 STREET ADDRESS  | P.O. Box 721235  |
| 1.4 CITY - ST - ZIP | ORLANDO FL 32872   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  |  |
| 2.4 CITY - ST - ZIP |  |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]* Luis Lopez

3/10/96

658-2993

CP2E034 (12/95)