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 # P96000050624

REAL LIFE RESOURCES, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90115 017 ***150.00



Principal Place of Business Mailing Address								4 10011001 150 10110 07111 00111 00111 00111		# ()(# ()	811 8131 1891
1875 NE 168 S	TREET	-	ROSE DRIVE								
IST FLOOR MIRAMAR FL 33023 NORTH MIAMI BEACH FL 33162								DO NOT WRITE IN THIS	SPACE	į	
ACKIH MIAMI	BEACH FL 33102						3.	Date Incorporated or Qualifed			
								06/12/1996			ļ
2. Principal P	lace of Business	2a. M	lailing Address				4.	. FEI Number		App	lied For
ā `		26	-					65-0674774		Not	Applicable
Suite, Apt.	#, etc.	s	uite, Apt. #, etc.					Certificate of Status Desired			Iditional
2		27					3.			e Req	
City & Stat	te	°	tity & State				6.	Election Campaign Financing			lay Be
3		28						Trust Fund Contribution		ded to	rees
Zip	Country	Zi	Þ	Cou	nu y		8.	 This corporation owes the current year In Personal Property Tax. 	itangible Yes	. [JNo
4	25 9. Name and Address of Curro	29 ent Register	ed Agent	[30]			10	Name and Address of New Registered			
- 	J. Haine and Address of Outle				81	Name					
	MING, SHERYLL A				82	Street Add	rose /	P.O. Box Number is Not Acceptable)			
6749 ROSE DR					02	Street Add	11699 (1	F.O. Box Number is Not Acceptable/			
MIRA	AMAR FL 33023-4852				83						
	•				84	City			85	Zip C	ode
					1	-			_		
office or I	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obligations.	te of Florida.	Such change was	authorized	I by I	ine comorati	poratio ion's b	on submits this statement for the purpose of poard of directors. I hereby accept the appoint	f changir sintment :	ig its r as reg	egistered istered
SIGNATURE											
	Signature, typed or printed name of registered a	<u> </u>			Agent	signature require			ND DIRE	CTOE	PS 1N 12
12.	OFFICERS A	AND DIRECT	DELETE	13.	пЕ	 -T		ADDITIONS/CHANGES TO OFFICERS A	Cha		Addition
TITLE	RAHMING, SHERYLL A				1.1 TITLE 1.2 NAME				_	•	
NAME STREET ADDRESS						ADDRESS		•			
	MIRAMAR FL 33023				TY-ST						
CITY-ST-ZIP	VP		DELETE	2.1 Π				<u> </u>	☐ Cha	ange	☐ Addition
NAME	WILLIAMS, WALTER			2.2 N	WE						
STREET ADDRESS	AADAD DW ADATH OT			2.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	MIAMI-FL 33157~			2.40	ITY-S	T-ZIP					
TITLE	S		DELETE	3.1 TI	TLE				" ☐ Cha	ange	Addition
NAME	DAVIS, BRIDGETTE		•	3.2 N	ME	J					
STREET ADDRESS	11240 SW 164 STREET			3.3 \$1	REET	ADDRESS					_
CITY-ST-ZIP	MIAMI FL 33157			3.4. C	ffY-S1	r-ZIP					
TITLE			☐ DELETE	4.1 TI	RΕ		Vic.	e President - Sec.	☐ Cha	ange	Addition
NAME				4. 2 N	AME] '	Kon	aid L. Rahming	•		1
STREET ADDRESS	· ·					ADDRESS	60	49 Rose Drive	(0	~ ~	
CITY-ST-ZIP	·		——————————————————————————————————————		TY-ST	-ZiP	Mi	Ramar, 74 33025	<u>ક-પુછ</u> ⊓ Cha	<u> ラン</u>	☐ Addition
TITLE	. :		☐ DELETE	5.1 TI					∐ ¢ha	ai iyy e	Addition
NAME				5.2 N		ADDRESS		•			
STREET ADDRESS						ADDRESS					i
CITY-ST-ZIP			El perere	5.4 CI 6.1 TI	TY-ST	-ZIP			☐ Cha	ande	☐ Addition
TITLE			☐ DELETE			1			LJOIR	ange	LJ AGUIGAN
NAME	<u>'</u> .			6.2 N		ADDRESS					
ATREET LODDESA											

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: