

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

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90015 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Haras
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000017494
 1. Corporation Name
REAL ESTATE ACQUISITIONS, INC.



Principal Place of Business: 1016 SUMMERWOOD CIRCLE, WELLINGTON FL 33414
 Mailing Address: 1016 SUMMERWOOD CIRCLE, WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1998

4. FEI Number: 65-0824910 Applied For: 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 2456 Pigeon Cay, Suite, Apt. #, etc. 22
 City & State: 23 Royal Palm Beach, FL
 Zip: 24 33411 Country: 25

2a. Mailing Address: 26 2456 Pigeon Cay, Suite, Apt. #, etc. 27
 City & State: 28 Royal Palm Beach, FL
 Zip: 29 33411 Country: 30

9. Name and Address of Current Registered Agent: AMERILAWYER, 343 ALMERIA AVENUE, CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, FL, 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	BAILEY, MITCH H	1.1 TITLE:	
STREET ADDRESS: 1016 SUMMERWOOD CIRCLE		1.2 NAME:	
CITY-ST-ZIP: WELLINGTON FL 33414	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS:	
TITLE: VD	GAMEZ, RIGOBERTO	1.4 CITY-ST-ZIP:	
STREET ADDRESS: 1016 SUMMERWOOD CIRCLE		2.1 TITLE: P + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: WELLINGTON FL 33414	<input type="checkbox"/> DELETE	2.2 NAME: GAMEZ, RIGOBERTO	
TITLE: S	GAMEZ, LUCRECIA I	2.3 STREET ADDRESS: 2456 PIGEON CAY	
STREET ADDRESS: 1016 SUMMERWOOD CIRCLE		2.4 CITY-ST-ZIP: ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: WELLINGTON FL 33414	<input type="checkbox"/> DELETE	3.1 TITLE: VS	
TITLE: T	BAILEY, MELISSA M	3.2 NAME: GAMEZ, LUCRECIA I	
STREET ADDRESS: 1016 SUMMERWOOD CIRCLE		3.3 STREET ADDRESS: 2456 PIGEON CAY	
CITY-ST-ZIP: WELLINGTON FL 33414	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP: ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.1 TITLE: T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		4.2 NAME: GAMEZ, OSCAR	
STREET ADDRESS:		4.3 STREET ADDRESS: 2456 PIGEON CAY	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP: ROYAL PALM BEACH, FL 33411	
TITLE:		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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.

SIGNATURE: _____ DATE: 6/18/99 DAYTIME PHONE #: 561-798-3771

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CR2E034 (11/98)