## 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 # P98000081492

1. Corporation Name

REAL ESTATE ADVISERS LIMITED, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90079 026 \*\*\*150.00



27 NW 13TH ST #13 OCA RATON FL 33432		BOCA RATON FL 33432		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualifed	
			•	1	
	•			09/17/1998	Applied For
Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Not Applicable
		26		N 0003314	\$8.75 Additional
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
		28		Trust Fund Contribution	<del></del>
Zip	Country	Zip	Country	·   ·	intangible ☐ Yes ☐ No
	25	29	30	Personal Property Tax.	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	ad Agent
	1-1-1		81 Name	INChper Sparces 10	LOK TATOM
	op, John Pacific BLVD, Suite 2904		82 Street A	Idress (P.O. Box Number is Not Acceptable)	T
BOCA	A RATON FL FL334-33		83	re 13	
	•		84 City	SEA RATEN F	L 85 Zin S
		The second second second	the above second of	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered
		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
-	Signature, speed or printed name of registered as		Registered Agent signature req	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
·	MATNEY, RICHARD		1.2 NAME		
	MW 13TH ST		1.3 STREET ADDRESS		
ET ADDRESS	BOCA RATON FL 33432		1.4 CITY-ST-ZIP		
ST-ZIP	BUCK HATON I E 33432	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
_			2.2 NAME	•	
E			2.3 STREET ADDRESS		
ET ADDRESS			2.4 CITY-ST-ZIP	and the second second second	
ST-ZIP		☐ DELETE	3.1 TITLE		Change Addition
		50107	3.2 NAME		
=			3.3 STREET ADDRESS		
ET ADDRESS		•	3.4. CITY-ST-ZIP		
ST-ZIP		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
1		□ pereie	4.2 NAME		
E					
ET ADDRESS			4.3 STREET ADDRESS		
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		☐ DETEIR	5.2 NAME	•	-
E					•
ET ADDRESS			5.3 STREET ADDRESS		•
-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
E		☐ DELETE			<b>-</b> • -
E ,			6.2 NAME		
FET ADDRESS			6.3 STREET ADDRESS		•

14. I hereby certify that the information supplied with this filling 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 feceror or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 or Block 13 if chapter in the corporation of the corporation or the feceror of the statutes. with an address, with all other like empowered Block 12 or Block 13 if changed,