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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F88345

1. Corporation Name

THE REALTY EXPERTS, INC.

Principal Place	of Business	Mailing Address		_		- I (APIGA (CA) (BIA) (BIA)	41201 9311 41811 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
C/O SALLY S. ROCKRISE		C/O SALLY S. ROCKRISE							
707 CHILLINGWORTH DR. #21		707 CHILLINGWORTH DR. #21			DO NOT WRITE IN THIS SPACE				
WEST PALM BEACH FL 33409		WEST PALM BEACH FL 33409			3, Date Incorporated or Qualifed				
						07/19/1982	•		
· · · · · · · · · · · · · · · · · · ·	10	2a. Mailing Address				4. FEI Number		App	olied For
	ace of Business	<u> </u>				59-2205416		J	Applicable
21 Suite Ant 1	# ata	Suite, Apt. #, etc.						\$8.75 A	dditional
Suite, Apt. #	+, e.c.	27			غييس	5. Certificate of Status Desired		Fee Rec	quired
22 City & State		City & State		-,		6. Election Campaign Financin	9 🗆	\$5.00	May Be
23		28				Trust Fund Contribution		Added to) Fees
Zip	Country	Zip	Countr	ry		8. This corporation owes the co	urrent year In		
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of Nev	v Registered	Agent	
			8.	1 N	ame				
	KRISE, SALLY S		82	2 S	treet Addre	ess (P.O. Box Number is Not Acce	ptable)		
	CHILLINGWORTH DR. #21								
WES	T PALM BEACH FL 33409		8:	3					
			8	4 0	ity			85 Zip C	Code
	•		15	٦	"•3		<u>FL</u>		
									rowintered
	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obli				amed corpo corporatio	oration submits this statement for t in's board of directors. I hereby ac-	he purpose of cept the appo	f changing its intment as reg	registered gistered
office or re agent. I an	egistered agent, or both, in the Sta m familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statute	es.	Corporatio		he purpose of cept the appo	f changing its intment as reg	registered gistered
office or re agent. I as	egistered agent, or both, in the ota m familiar with, and accept the obli Signature, typed or printed name of registered a	gations of, Section 607.0505, Flo	orida Statute	es.	Corporatio	oration submits this statement for to be a board of directors. I hereby active the reinstating of the statement of the statem	DATE		
office or reagent. I as	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	gations of, Section 607.0505, Flo	orida Statute	ent sig	Corporatio	l when reinstating)	DATE		
office or reagent. I as	egistered agent, or both, in the Starm familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS A	gations of, Section 607.0505, Fig. sgent and title if applicable. (NOTE AND DIRECTORS	E: Registered Ag	ent sig	Corporatio	l when reinstating)	DATE	ND DIRECTO	RS IN 12
office or reagent. I as SIGNATURE 12. TITLE NAME	egistered agent, or both, in the Stam familiar with, and accept the obli Signature, typed or printed name of registered a OFFICERS PSTD ROCKRISE, SALLY S	gations of, Section 607.0505, Fig. sgent and title if applicable. (NOTE AND DIRECTORS	E: Registered Ag	ent sign	nature required	l when reinstating)	DATE	ND DIRECTO	RS IN 12
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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 of suppliemental 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 affactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ROCKRISE 4/8/99 561.848.074