

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **303621**

(7)

1. Corporation Name
REAL ESTATORS OF AMERICA INC.

Principal Place of Business
**9000 W. OAKLAND PARK BLVD
LAUDERDALE SPRINGS
SUNRISE FL 33351**

Mailing Address
**9000 W. OAKLAND PARK BLVD
LAUDERDALE SPRINGS
SUNRISE FL 33351**

FILED

97 JUL 23 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1966		3a. Date of Last Report 02/02/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1151464		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**FRUSCIANTE, JOHN C.
3100 N.W. 90TH TERR.
SUNRISE FL 33351**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

**700002246387-2
-07/25/97-01112-006
****165.00 FL ****165.00**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7.21.97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRUSCIANTE, JOHN C.			1.2 NAME			
STREET ADDRESS	3100 N.W. 90TH TERR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRUSCIANTE, LYDIA			2.2 NAME			
STREET ADDRESS	3100 N.W. 90TH TERR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 as an attachment with an address.

CR2E034 (4/97)

pg 2

7-21-97
Corporation Kamm Roman
Annual Report Section
PO Box 6327
Tallahassee Fl. 32314

Dear People

On Jan 4, 97 I filled out the Annual Report
for Real Estate of America Inc. & sent
our check for it on # 8341

Later I went to Miami Jackson Memorial
for my spinal lumbar fusion of L1,2,3,4,5
I haven't done anything with R.E.A. since
coming home because of the pain.

When I called today a man said if I'd paid
in the '65 that I won't be finalized for 550.
If this is so I want to thank you and I
want to wish you the best for your trust.
Again Thank You.

Sincerely

John C. Musciantti

Just to be sure my personal check as I
don't have it in the corporation your man said
that too would be ok. Thank You All