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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 303621

REAL ESTATORS OF AMERICA INC.

(7)

Mailing Address

FILED Feb 27 1998 8:00am Secretary of State



LAUDERDALE SPRINGS		LAUDERDALE SPRINGS	LAUDERDALE SPRINGS			
SUNFIISE FL 33351		SUNRISE FL 33351			DO NOT WRITE IN THIS SPACE	
					 Date Incorporated or Qualified 03/31/1966 	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	• · · · · · · · · · · · · · · · · · · ·		59-1151464	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	+		Trust Fund Contribution Added to Fees	
Zip	Country	Zφ 	Country		This corporation owes or has paid the c	
24	25 g, Name and Address of C	29	30		Personal Property Tax due June 30.	☐ Yes ☐ No
	**	Autrent Registered Agent	В	Name	10. Name and Address of New Registered	1 Agent
	USCIANTE, JOHN C.		"	Name		
	00 N.W. 90TH TERR. NRISE FL 33351		82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
			8:	3		
			84	City	F	85 Zip Code
11. Pursuant office or reagent. La	to the provisions of Sections 60 egistored agent, or both, in the miliar with, and accept the	7.0502 and 607.1508, Florida Statut State of Florida Such change was a obligations of, Section 607.0505, Flo	es, the above authorized b orida Statute	ve-named co by the corpor es.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	
SIGNATURE	Signature, typed or printed name of registi				quired when reinstating) DATE	
12.		S AND DIRECTORS	13.	jon, organica o roc	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PT	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	FRUSCIANTE, JOHN C.		1.2 NAME			
STREET ADDRESS	3100 N.W. 90TH TERR.		1.3 STREE	1 ADDRESS		
CITY+ST-ZIP	Sunrise Fl.		1.4 CiTY-	ST-ZIP		
TITLE	\$	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	Frusciante, Lydia		2.2 NAME			
STREET ADDRESS	3100 N.W. 90TH TERR.		2.3 STREE	T ADDRESS		
CHY-S1-ZIP	Sunrise Fl.		2.4 CITY	ST-ZIP		
TITLE		DFLETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		ر د د
CITY - ST - ZIP	·		3.4. CITY-	S1-2IP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY+S1-ZIP			4 4 City-	ST - Z#P		
TITLE		DELETE	51 TITLE	1		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STAEE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	61 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		

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 suppliencental 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 or all playing it with an address

SIGNATURE: