

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0039863

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **501345** (3)  
1. Corporation Name  
**REALTY ASSISTANCE CORP.**

**FILED**  
**98 AUG 26 AM 9:03**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>C/O BERNARD. YEAGER. SHERBURNE &amp; MISHKIN 300 SEVILLA AVE #311 CORAL GABLES FL 33134 US</b>		Mailing Address <b>C/O BERNARD. YEAGER. SHERBURNE &amp; MISHKIN 300 SEVILLA AVE #311 CORAL GABLES FL 33134 US</b>	
2. Principal Place of Business <b>21 300 SEVILLA AVENUE</b>		2a. Mailing Address <b>26 300 SEVILLA AVENUE</b>	
Sulte, Apt. #, etc. <b>22 #215</b>		Sulte, Apt. #, etc. <b>27 #215</b>	
City & State <b>23 CORAL GABLES, FL</b>		City & State <b>28 CORAL GABLES, FL</b>	
Zip <b>24 33134</b>	Country <b>25 US</b>	Zip <b>29 33134</b>	Country <b>30 US</b>

3. Date Incorporated or Qualified <b>04/16/1976</b>	
4. FEI Number <b>59-1709838</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KLEIN, RONALD G. 901 N.E. 125TH STREET NORTH MIAMI FL 33161</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83 700002625987-2</b> <b>-08/26/98--01096--010</b> <b>84 City</b> <b>*****150 00 85 #26360.00</b> <b>FL</b>	
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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	<b>PO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAMLANI, SHAM</b>	1.2 NAME	
STREET ADDRESS	<b>1407 BROADWAY, SUITE #1708</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10018</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAMLANI, KAVITA</b>	2.2 NAME	
STREET ADDRESS	<b>1407 BROADWAY, SUITE #1708</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10018</b>	2.4 CITY-ST-ZIP	
TITLE		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		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		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. 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.

SIGNATURE: *[Signature]* 7/31/98

CR2E034 (5/98)

DANIEL W. NALL, C.P.A., P.A.  
300 Sevilla, Suite 215  
Coral Gables, FL 33134

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Restra Corp  
FEI: 59-1745155

Ocala Highlands Estates Inc.  
FEI: 59-1307785


Klein, Ronald G.  
FEI: 59-1709838

Dear Sirs:

The above captioned taxpayers received a 2<sup>nd</sup> request for their 1998 Corporate Annual Report. I acquired the practice of Bernard, Yeager, Sherburne & Mishkin, which were in care of the above corporations. During the acquisition of the practice in 1998 the paperwork was not forwarded to my office. Attached are the corresponding annual reports with the necessary corrections and payment of \$150.00 each. In previous years all payments were made on a timely basis. Please take into consideration the above and abate the penalties.

If you have any questions or are in need of any additional information please call my office.

Sincerely,



Daniel W. Nall, C.P.A.