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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 533530

REALCO REAL ESTATE, INC.

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90009 013 ***150.00

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Principal Plac	ce of Business	Mailing Address			i dinit ninit dinit ninit ninit ninit ninit
725 N AIA SUITE A102		725 N AIA SUITE A102		DO NOT WRITE IN	I THIS SPACE
JUPITER FL 33477 US JUPITER FL 33477 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
US		03			
2 Driveinel C	Ness of Business	2a. Mailing Address		05/11/1977 4. FEI Number	T Analised For
	Place of Business	— ·			Applied For
Suite, Apt.	# oto	Suite, Apt. #, etc.		<u>59-1771639</u>	Not Applicable \$8.75 Additional
22		27 Suite, Apr. #, etc.		5. Certifcate of Status Desired	Fee Required
City & Sta	te	City & State	•	6. Etection Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current y	
24	25		30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre			10. Name and Address of New Regis	tered Agent
015		d.	81 Name		
	LAW, JERRY J. CENTER ST. 22-A		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
JUP	ITER FL 33458		83		(智慧·和赞颜图
• •		•	84 City	1	85 Zip Code
44 : 00:00:00	to be pavinions of Castions 607 (20 and 607 1509 Elevida Statute	s the above named corr	porotion submits this statement for the num	nee of changing its registered
Tursualli	egistered agent, or both, in the State	e of Florida Such change was au	thorized by the corporation	on's board of directors. I hereby accept the	appointment as registered
office or					
agent. N	am familiar with, and accept the obje	ation of Section 607.0505, Flori	ida Statutes.	poration submits this statement for the purp on's board of directors. I hereby accept the	2100
SIGNATURE	Helmer ()	Viilleum .		(4)	31/48
SIGNATURE	Signature, typed or priviled name of registered ag	ent and title if applicable. (NOTE:	Registered Agent signature require	od when reinstating)	41/48
SIGNATURE	Signature, typod or printed name of registered ago	ent and title if applicable. (NOTE:	Registered Agent signature require	ad when reinstating)	ATE RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature 1990 or project name of registered as OFFICERS A	ent and title if applicable. (NOTE:	Registered Agent signature require 13. 1.1 TITLE	od when reinstating)	41/48
SIGNATURE 12. TITLE NAME	Signature, 1980 or project name of registered as OFFICERS A TOP OUTLAW, JERRY J.	ent and title if applicable. (NOTE:	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ad when reinstating)	ATE RS AND DIRECTORS 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 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 true ee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE

STREET ADDRESS

561-746-1103

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