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

**PROFIT CORPORATION ANNUAL REPORT** 



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 561013

(4)

REALTY WORLD-ROBERTS ASSOCIATES, INC.

Principal Place of Business				Mailing Address						T ATT ONLY ENTRY CITED VIOLY HOUSE WILL EXTENDIBLE STORY STORY STALL DYON INCH				
1919 COURTNEY DR			19	1919 COURTNEY DR							`			
5.			5_	5					ļ					
FT MYERS FL 33901				FT MYERS FL 33901-9018 US					<u></u>	2 Data Innercore	tad or Ountilinal	Jan Des	a aft ant F	Sanad -
us			Uč						1 *	· · · · · · · · · · · · · · · · · · ·			te of Last Report <b>5/1996</b>	
2. Principal Place of Business				2a. Mailing Address						4. FEI Number		שודט		anlied Fee
21			<b>⊢</b> -¬	26. Maining Address					"	59-1806316				oplied For ot Applicable
Suite, Apt. #, etc.			[26]	Suite, Apt. #, etc.						38 10003 1	<u> </u>			Additional
22			27	27					5	<ol><li>Certificate of St</li></ol>	atus Desired			additional equired
City & State				City & State						6. Election Campa	ian Financina			May Be
23			28	28					'	Trust Fund Con				May Be to Fees
Zip		Country		<b>Z</b> ip		Coun	ntry			8. This corporatio				
24		25	29		30	ה			1	Florida Statutes		Yes [		
	9. Name	and Address of Cur	rent Regis	stered Agent					10	0. Name and Add				
ROB	ERTS, FAY	EL					81	Name		r D-1				
	COLONIA			P3 Etropt A					Faye L. Roberts					
FT. MYERS FL 33907				,			82 Street Addres			ress (P.O. Box Number is Not Acceptable) 1417 S. Larkwood Sq.				
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						1							11 =:	
ŀ						'	84 (	City	Tr+	Myers		FL	85 Zip	Code <b>3919</b>
11. Pursuant	to the provis	ions of Sections 607.0	0502 and 6	307.1508, Flori	da Stalutes,	the ab	ove-r	named o	corporati	ion submits this st	atement for the		changing i	ts registered
office or r	registered ag	ions of Sections 607.t jent, or both, in the St th, and accept the ob	ate of Flori	ida. Such char vi. Section 607	nge was auti 0505. Floric	norized	l by th	ne corp	poration's	s board of director	s. I hereby acce	pt the appo	ointment as	registered
	10(11()()) ¥F	in, and accept the or	inganona c	21, BEGION 007	.0000, 1 10/10	a Diaiu	1100.							
SIGNATURE Signature, typod or printed name of registered agent and title if population (NOT): Registered Agent signature required when reinstating)  DATE														
12. OFFICERS AND				DIRECTORS			13.			ADDITIONS/CH/	ANGES TO OFFI	CERS AND	DIRECTOR	RS IN 12
TITLE	PVST			D	ELETE	111111	ιE		Ţ				Change	☐ Addition
NAME	ROBERTS	S, FAYE L				1.2 NAN	ME							
STREET ADDRESS				1.3 (			1.3 STREET ADDRESS							
CITY-ST-ZIP	FT. MYEF	RS FL 33919				1.4 CIT	Y-\$1-	ZIP )	<u> </u>					_]
TITLE	D			D	ELFTE	2.1 1111	LE		1				Change	☐ Addition
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TITLE				□ Di	ELETE	4.1 Till	LE						Change	☐ Addition
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NAME	]					6 2 NA	ME	)						Ì
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I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules, 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 trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Apr 25 1997 8:00am

Secretary of State