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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:18

DOCUMENT # 646735 **(1)**

1. Corporation Name

REAL ESTATE OPPORTUNITIES, INC.

Principal Place of Business	Mailing Address
415 DUNLAWTON PO BOX 1204 PT ORANGE FL 32127-4453	415 DUNLAWTON PO BOX 1204 PT ORANGE FL 32127-4453

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1979
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-1959562 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under [illegible] Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SMITH, ANN C.
415 DUNLAWTON
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SMITH, ANN
STREET ADDRESS	741 TERRACE AVE
CITY, ST, ZIP	DAYTONA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

		Change	Addition
1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY, ST, ZIP		[ ]	[ ]
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY, ST, ZIP		[ ]	[ ]
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY, ST, ZIP		[ ]	[ ]
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY, ST, ZIP		[ ]	[ ]
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY, ST, ZIP		[ ]	[ ]
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY, ST, ZIP		[ ]	[ ]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section [illegible], 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 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: Ann C. Smith ANN C SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title: [illegible] Date: [illegible]

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