FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **646735** **(1)**

1. Corporation Name
REAL ESTATE OPPORTUNITIES, INC.

Principal Place of Business
415 DUNLAWTON
~~P.O. BOX 1204~~
PT ORANGE FL 32127-4453

Mailing Address
415 DUNLAWTON
~~P.O. BOX 1204~~
PT ORANGE FL 32127-4453

3. Date Incorporated or Qualified: **11/23/1979**
3a. Date of Last Report: **01/18/1995**

2. Principal Place of Business
21 415 DUNLAWTON
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 415 DUNLAWTON
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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: (Typed or printed name of registered agent) (Registered Agent's signature [illegible]) DATE

12. OFFICERS AND DIRECTORS

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

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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 is added herein with an address.

SIGNATURE: Ann C. Smith ANN C. SMITH 1/17/96 8047670994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #