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

PROFIT **CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Jan 23 1998 8:00am Secretary of State

i. Corporatio	MENT # 674241 REAL ESTATE STORE, INC	\ /				
513 W VINE ST. 513 W VINE ST.						
KISSIMMEE FL 34741 KISSIMMEE FL 34741				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					06/19/1980	ĺ
2. Principal Place of Business 2s. Mailing Address					4. FEI Number	Applied For
21 26			······································		59-2008893	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			I & Cartificate of Status Degrani I I To	75 Additional
City & State	Δ	City & State			. 	e Required
23	•	28			, , ,	.00 May Be Ided to Fees
Zip	Country	Zip	Country	y	8. This corporation owes or has paid the current year	
24	25 29		30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	nt Registered Agent		,	10. Name and Address of New Registered Agent	
	LLEFSRUD, MICHAEL		81	Name		
	29 FLAMBOYAN ST.		82	Street Add	et Address (P.O. Box Number is Not Acceptable)	
KIS	SIMMEE FL 34744		83			
			03			_
			84	City	FL 85	Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508. Florida Statut	tes, the abov	e-named cor		ing its registered
office or re	egistered agent, or both, in the State	of Florida, Such change was ations of Section 607 0505. Fl	authorized by	y the corpora	poration submits this statement for the purpose of chang tion's board of directors. I hereby accept the appointmen	nt as registered
SIGNATURE	The man than and accept the oblig	ano is or, ocorion oor. 5500, 11	orida otatolo	u .		
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable (NOT	FE Registered Ag	ent signature requ	ired when reinstating) DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	····
TITLE	ST NOTE OF THE PROPERTY	☐ DELETE 1.11 1.21			Cha	inge ∟j Addition
NAME	TOLLEFSRUD, MICHAEL					
STREET ADDRESS	MOON MATER BY ARROS			T ADDRESS		
CITY-ST-ZIP TITLE	PD	DELETE 2.1 T		ST-ZIP	□ Cha	inge Addition
NAME			2.2 NAME		31,2	ingo riddiddii
STREET ADDRESS			2.3 STREET	223RODA		
CITY-ST-ZIP	MAANMER EL CAGA		2. 4 CITY -			
TITLE			3.1 TITLE		Cha	nge 🔲 Addition
NAME	3.2 N		3.2 NAME	1		ŀ
STREET ADDRESS	333		3.3 STREET	I ADDRESS		ļ
CITY-ST-ZIP			3.4. CITY -	ST-ZIP		
TITLE	—		4.1 TITLE		☐ Cha	nge L.] Addition
NAME			4. 2 NAME.			1
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP		DELETE	4.4 CITY-5 5.1 TITLE	ST - ZIP	Cha	nge Addition
TITLE NAME		L. DELETE	5 1 MILE		C) Gia	
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY- S]
TITLE		DELETE	6.1 TITLE		☐ Cha	nge Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S			
 I hereby c indicated 	ertify that the information supplied won this annual report or supplementa	ith this filing does not qualify for all annual report is true and acc	or the exemp curate and th	ition stated in at my signatu	Section 119.07(3)(i), Florida Statutes. I further certify thau re shall have the same legal effect as if made under oath	t the information h; 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: Michael Tollefarud