

Cloninger and Files
Attorneys At Law

163 W. Broadway
P.O. Box 337
Tallahassee, Florida 32301
(904) 365-5657

Evelyn M. Cloninger
Attorney at Law
P.O. Box 684
Tallahassee, Florida 32301
(904) 677-6611

163 W. Broadway
P.O. Box 337
Tallahassee, Florida 32301
(904) 365-5657

PS 9/10

686962

August 27, 1980

Secretary of State
Division of Corporations
Capitol
Tallahassee, Florida 32301

400267429794

Re: Incorporation of Florida Real Estate License School, Inc.
Our File No. 80-067

R94397

005	23	684	80	686962	DS
005	24	6941	9/24/80	40.00	DS
005	26	6941	9/24/80	15.00	DS
005	27	6941	9/24/80	15.00	DS
005	27			3.00	DS

Dear Sir:

Enclosed please find the original and one copy of the Articles of Incorporation for the above-referenced proposed Florida corporation, together with my trust account check no. 163 in the amount of \$73.00 to cover the following costs of incorporation:

1.	Filing Fee	\$15.00
2.	Certified copy of Articles	\$15.00
3.	Charter Tax	\$40.00
4.	Resident Agent's Fee	\$ 3.00
Total		\$73.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SEP 9 8 39 AM '80

FILED

It would be appreciated if you would file the original Articles certify the copy and return same to me for my file.

I thank you in advance for your cooperation in this matter.

Very truly yours,
DAVID LEE HART
Attorney at Law

David Lee Hart
mark
bfs
Enclosures
Olaf

C. TAX	40
FILING	15
R. AGENT	15
C. COPY	15
TOTAL	73
M. BANK	
BALANCE DUE	
REFUND	
PHOTO COPY	

RECEIVED
DEPT. OF STATE
REVENUE
000235 SEP 4 80

686962

FILED

SEP 9 8 39 AM '80

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

FLORIDA REAL ESTATE LICENSE SCHOOLS, INC.

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation for such corporation:

ARTICLE I
NAME OF CORPORATION

The name of this corporation shall be Florida Real Estate License Schools, Inc.

ARTICLE II
PERIOD OF DURATION

The corporation shall have perpetual existence.

ARTICLE III
PURPOSE

This corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and Florida.

ARTICLE IV
CAPITAL STOCK

The corporation shall have the authority to issue 10,000 shares of common stock with a par value of \$1.00 a share.

ARTICLE V
REGISTERED OFFICE AND AGENT

The initial registered agent for this corporation is Timothy J. Sullivan, and the initial registered office is located at 7448 Aloma Avenue, Orlando, Florida 32807.

ARTICLE VI
INITIAL DIRECTORS

The name and address of each member of the first board of directors is:

NAME

ADDRESS

Timothy J. Sullivan

3020 COTTAGE GROVE CT
ORLANDO, FL 32792

These directors shall hold office until the first annual meeting of the stockholders of the corporation or until their successors are elected and have qualified.

ARTICLE VII
OFFICERS

The officers of the corporation shall be: a president, one or more vice-presidents, secretary and treasurer. The number of vice-presidents may be fixed and determined by the board of directors from time to time. Until the first meeting of the board of directors, or until their successors are elected

and have qualified, the following shall be the officers of the corporation:

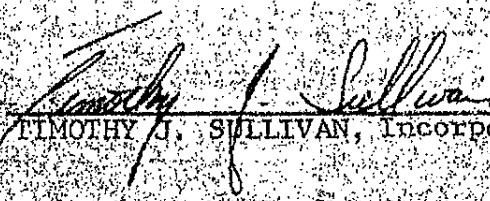
President: Timothy J. Sullivan
Executive Vice-President: Tracey Lee Sullivan
Treasurer: Tracey Lee Sullivan
Secretary: Tracey Lee Sullivan

ARTICLE VIII
INCORPORATORS

The names and addresses of the incorporators of this corporation are:

<u>NAME</u>	<u>ADDRESS</u>
Timothy J. Sullivan	3020 COTTAGE GROVE CT ORLANDO, FL 32792

Dated Aug 28, 1980.


TIMOTHY J. SULLIVAN, Incorporator

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared
TIMOTHY J. SULLIVAN

who is to me well known to be the person described in and who
subscribed the above Articles of Incorporation, and he did
freely and voluntarily acknowledge before me according to law
that he made and subscribed the same for the uses and
purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my
official seal, at Sebring, in said County and
State, this 28th day of August, 1980.

Bessie Y. Fleming Skarick
NOTARY PUBLIC

My Commission Expires:

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES 11-1-81
Issued by Accredited Surety & Loss Pay Co., Inc.
Orlando, Florida 441-8900

CONSENT OF REGISTERED AGENT

HAVING BEEN NAMED as resident agent of this corporation
at the office designated in the foregoing Articles of Incorpora-
tion, the undersigned accepts the designation.

Timothy J. Sullivan
TIMOTHY J. SULLIVAN

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED
FILED
MAY 20 12 35 PM 1981

1981

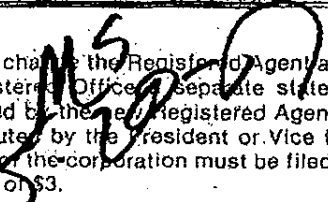
THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT


<p>1. Name and Address of Corporation Principal Office:</p> <p>686962 FLORIDA REAL ESTATE LICENSE SCHOOLS, INC. 7448 ALOMA AVENUE C/O TIMOTHY J. SULLIVAN ORLANDO, FL 32807</p> <p>If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.</p>	<p>2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.</p> <p>Street Address _____</p> <p>P.O. Box No. _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p>
---	---

<p>3. Date Incorporated or Qualified To Do Business in Florida</p> <p>9/09/1980</p>	<p>4. Federal Employer Identification Number (FEIN) 59-2042204</p>	<p>5. Date of Last Report</p> <p>1st filing</p>
---	--	---

6. Names and Street Addresses of Each Officer and Director			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
SULLIVAN, TIMOTHY J.	P/D	3020 COTTAGE GROVE CT.	ORLANDO, FL

<p>7. Registered Agent Information</p> <p>Name SULLIVAN, TIMOTHY J.</p> <p>Street Address (Do NOT Use P.O. Box Number) 7448 ALOMA AVENUE</p> <p>City, State and Zip Code ORLANDO, FL 32807</p>	<p>To change the Registered Agent and/or Registered Office, a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3.</p> 
--	---

8. See signature restrictions under instructions on reverse side of this form.
I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

<p>Typed Name of Signing Officer Timothy J. Sullivan</p>	<p>Title President</p>	<p>Telephone Number [305] 671-4530</p>
<p>Signature </p>	<p>Date March 22, 1981</p>	<p>686962-04-08-81-2-1-294-10-80</p>

DO NOT WRITE IN THIS SPACE

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1982



George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

FEB 26 4 05 PM '82

Read Notice and Instructions on Other Side Before Making Entries, FLORIDA
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

686962
FLORIDA REAL ESTATE LICENSE SCHOOLS, INC.
7448 ALOMA AVENUE
C/O TIMOTHY J. SULLIVAN
ORLANDO, FL 32807

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.

Street Address
P.O. Box No.
City
State Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

07/07/1980

4. Federal Employer Identification Number (FEIN)

59-2042204

5. Date of Last Report

05/20/1981

6. Names and Street Addresses of Each Officer and Director

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
SULLIVAN, TIMOTHY J.	P/D	3020 COTTAGE GROVE CT	ORLANDO, FL

Registered Agent Information

7. Name and Address of Current Registered Agent

SULLIVAN, TIMOTHY J.
7448 ALOMA AVENUE
ORLANDO, FL 32807

8. Name and Address of New Registered Agent

Name
Street Address (Do NOT Use P.O. Box Number)
City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on:

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes.

10

See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Signature

Timothy J. Sullivan

Date

1/31/82

Typed Name of Signing Officer

Timothy J. Sullivan

Title

President

Telephone Number

671-1938

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1983



George Firestone
Secretary of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
**APPROVED
AND
FILED**

JAN 21 11 21 AM 1983

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State
TALLAHASSEE, FLORIDA

1. Name and Address of Corporation Principal Office		2. Enter Page of Address of Corporation Principal Office P.O. Box Number Alone is NOT Sufficient.	
686962 FLORIDA REAL ESTATE LICENSE SCHOOLS, INC. 7448 ALOMA AVENUE C/O TIMOTHY J. SULLIVAN ORLANDO, FL 32807		Street Address	
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.		P.O. Box No.	
		City	
		State Zip Code	

3. Date Incorporated or Qualified To Do Business in Florida 09/09/1980	4. Federal Employer Identification Number (FEIN) 59-2042204	5. Date of Last Report 02/26/1982
---	--	--------------------------------------

6. Names and Street Addresses of Each Officer and Director			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
SULLIVAN, TIMOTHY J.	P/D	3020 COTTAGE GROVE CT	ORLANDO, FL

Registered Agent Information	
7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
SULLIVAN, TIMOTHY J. 7448 ALOMA AVENUE ORLANDO, FL 32807	Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code

9. Pursuant to the provisions of Sections 607.054 and 607.037, Florida Statute, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Signature <i>Timothy J. Sullivan</i>	Date 1/6/83
Typed Name of Signing Officer Timothy J. Sullivan	Title President
	Telephone Number 305/671-1938

100-1000000

Leonardo County Office
 1569 W. Broadway
 P. O. Box 337
 Ocala, Florida 32165
 (352) 365-5696

Cloninger and Filer
 Attorneys At Law

Evelyn W. Cloninger
James J. Filer

Orange County Office
 1221 Roma Avenue
 P. O. Box 612
 Ocala, Florida 32177
 (352) 477-6911

Reply to
 OVVEDO

686962

December 22, 1983

DOB 1400 12/21/83

DOB 1400 12/21/83

Ms. Stacie Kornegay
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 CORPORATE RECORDS BUREAU
 Department of State
 P. O. Box 6327
 Tallahassee, Florida 32301

Name Change

FILED
 DEC 30 9 32 AM '83
 STATE OF FLORIDA
 TALLAHASSEE

Re: Articles of Amendment to Incorporation
 Florida Real Estate License Schools, Inc.
 and The Realty Store, Inc.

Dear Ms. Kornegay:

Enclosed please find Articles of Amendment to The
 Incorporation of Florida Real Estate License Schools, Inc.
 and Articles of Amendment to the Articles of Incorporation
 of The Realty Store, Inc., together with my Check Number
 2311 in the amount of \$30.00 to cover filing fee for same.

Thank you for your courtesy in this matter and
 should you need further information, please do not hesitate
 to call.

Very truly yours,

Evelyn W. Cloninger
 EVELYN W. CLONINGER

Name Availability	<i>12/28/83</i>
Document	<i>AJF 1/8</i>
Enclosure	<i>AJF</i>
Verifying	<i>BJK JAN 5</i>
Acknowledgement	
W. P. Verifying	<i>BJK JAN 5</i>

Ms. Cloninger gave permission to send 4/11/83 as the date of adoption & to type in Dec under Tracy Sullivan name 12/30/83 AJF

INDEX	
REGISTRATION FEE	
COPY	
STAMP	<i>15</i>
CHECK	
RECEIPT	
REFUND	

FILED
Dec 21 9 17 AM '83
STATE
PALM BEACH, FLORIDA

ARTICLES OF AMENDMENT TO
THE INCORPORATION OF
FLORIDA REAL ESTATE LICENSE SCHOOLS, INC.

Pursuant to the Provisions of Section 607.181 of (3) of
the Florida General Corporation Act, the undersigned constituting
all of the Directors and Stockholders of the Corporation hereby
adopt the following Articles of Amendment to the Articles of In-
corporation:

1. The name of the Corporation is hereby changed to:
THE REALTY STORE, INC.

2. Dated August 3rd, 1983.

The Date of adoption by the shareholders is April 21, 1983.

Timothy J. Sullivan
TIMOTHY J. SULLIVAN - President
Tracey L. Sullivan
TRACEY L. SULLIVAN - Secretary

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared
TIMOTHY J. SULLIVAN, who is to me well known to be the person
described in and who subscribed the above Articles of Amendment to
the Articles of Incorporation, and he did freely and voluntarily
acknowledge before me according to the law that he made and sub-
scribed the same for the use and purposes therein mentioned and
set forth.

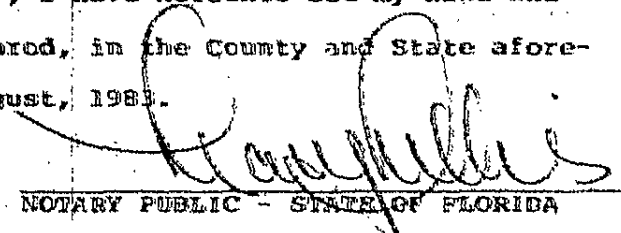
IN WITNESS WHEREOF, I have hereunto set my hand and my
official seal at Goldenrod, in the County and State aforesaid,
this 3rd day of August, 1983.

[Signature]
NOTARY PUBLIC - STATE OF FLORIDA
My Commission Expires: 2nd MAR 86

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally
TRACEY L. SULLIVAN, who is to me well known to be the person
described in and who subscribed the above Articles of Amend-
ment to the Articles of Incorporation, and she did freely
and voluntarily acknowledge before me according to the law
that she made and subscribed the same for the use and purposes
therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and
my official seal at Goldenrod, in the County and State afore-
said this 9th day of August, 1985.


NOTARY PUBLIC - STATE OF FLORIDA

My Commission Expires: 24 March 1986

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1984



FLORIDA DEPARTMENT OF STATE
George F. Moscone
Governor of State
DIVISION OF CORPORATIONS

FILED

FEB 14 8 52 AM '84

Read Notice and Instructions on Other SAs Before Making Entries
Filing Fee of \$10 Required — Make Checks Payable To Secretary of State

1 Name and Address of Corporation Principal Office. 686962 The Realty Store, Inc. 7448 ALOMA AVENUE C/O TIMOTHY J. SULLIVAN ORLANDO, FL 32807		2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient. Street Address 7448 Aloma Avenue P.O. Box No. Winter Park City Florida 32792 State Zip Code	
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.			

3. Date Incorporated or Qualified To Do Business in Florida 08/17/80	4. Federal Employer Identification Number (FEIN) 59-2042204	5. Date of Last Report 01/21/1983
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6. Names and Street Addresses of Each Officer and Director, as of December 31, 1983			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (DO NOT Use Post Office Box Numbers)	City and State
SULLIVAN, TIMOTHY J.	P/D	3020 COTTAGE GROVE CT	ORLANDO, FL

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
SULLIVAN, TIMOTHY J. 7448 ALOMA AVENUE Winter Park, FL 32792		Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code	

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on _____

SIGNATURE _____ DATE 1/17/84
(Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

2/14/84 CJS

10. I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Signature <i>Timothy J. Sullivan</i>	Date January 17, 1984
Typed Name of Signing Officer Timothy J. Sullivan	Title President
	Telephone Number 305/671-1938

11. Should you desire a certificate of status check the box below and include the additional \$5.00 with your payment.

CERTIFICATE OF STATUS DESIRED **KX**
\$5 Additional Fee required for certificates.

COR 600 (1-84)

~~PRINTOUT SENT~~

~~LETTER SENT~~

~~CUS SENT~~

~~REINSTATEMENT
FILED~~

~~INVOLUNTARILY
DISSOLVED~~

REINSTATEMENT
CUS

5 sent 12/14/82 lmg

REGISTERED AGENT
OVERPAYMENT

- 72 Privilege Tax
- 73 Annual Report
- 74 Annual Report
- 75 Annual Report
- 76 Annual Report
- 77 Annual Report
- 78 Annual Report
- 79 Annual Report
- 80 Annual Report
- 81 Annual Report
- 82 Annual Report
- 83 Annual Report
- 84 Annual Report
- TOTAL
- REFUND

006 5954 2/15/9.

~~NAME AVAILABLE~~ _____

~~REINSTATED BY~~ _____

~~UPDATER~~ _____

~~UPDATER VERIFYER~~ _____

686962

686962

FLORIDA DEPARTMENT OF STATE

George Firestone

Secretary of State

March 9, 1984

D.W. McKinnon, Director
Division of Corporations
904/488-9636

Mrs. Nettie Sims, Chief
Bureau of Corporate Records
904/488-9383

Mr. Timothy J. Sullivan
7448 Alcorn Avenue
Winter Park, Florida 32792

SUBJECT: THE REALTY STORE, INC.

DOCUMENT NUMBER: 686962

As per your request, a refund of \$ 30.00 is enclosed.

REASON FOR REFUND:

- 1. Withdrawal of Charter.
- 2. Overpayment of filing fee.
- 3. Charter not on record in this office.
- 4. Overpayment of certification fee.
- 5. Filing fee previously paid.
- 6. No fee required.
- 7. No response to our letter of _____
- 8. Overpayment of charter tax.
- 9. Other:

If you have any questions regarding this matter, please let us know.

Sincerely,

Nettie F. Sims, Chief
Bureau of Corporate Records

NFS/ bjk
Corp 77 (2-82)

Division of Corporations • P.O. Box 6327 • Tallahassee, Florida 32301

REQUISITION FOR REFUND

This money was originally received per validator stamp as follows:

Date	Validation No.	Machine No.	Dept. No.	Amount
08/26/83	2981	008	10	\$15.00
			10	\$15.00

Requested by: _____
Authorized Signature

For Use by Fiscal Division

Paid by Revolving Fund Check No. _____
dated _____ amount _____

Form DRP-AA-4
Rev. 7/1/80

APPLICATION FOR REFUND
FROM
STATE OF FLORIDA

STATE OF FLORIDA
COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____
Florida Statutes, I hereby apply for a refund and request that a State warrant be
drawn in favor of:

NAME: Timothy J. Sullivan

ADDRESS: 7448 Aloma Ave.

Winter Park, Fla. 32792

AMOUNT: 30.00

which represents moneys I paid into the State Treasury subject to refund, and to substantiate
such claim the following facts are submitted:

Reason for Claim: Filing fees previously paid. (Charter #G86962)

CERTIFIED TRUE AND CORRECT this 9 day of February, 1984

Timothy J. Sullivan
(Signature)

Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory
authority for collection: _____

or

(2) Agency recommends approval of above claim and submits the following information to sub-
stantiate such claim.

The amount recommended \$ 30.00

The amount requested above was originally deposited into the State Treasury, included
in the State Treasurer's Receipt #2980 & 2981, dated 08/26/83

() General Revenue _____
(Revenue Code)

() Trust #1 2-453-0201-01
(Name and Code Number of Trust Account)

Statutory Authority for Collection 607.36

It is requested that payment be made from:

() Refund of Overpayment of Taxes - General Revenue-Refunds (1-441-0211)

() Trust #2 2-453-0211
(Name and Code Number of Trust Account)

CERTIFIED TRUE AND CORRECT this 9th day of March, 19 84

Division of Corporations, Corporate Records Bureau
(Agency)

(Signature of Authorized Person)

Bureau Chief
(Title)

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE
FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT
TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED." Three years is interpreted
as meaning three years from the date of payment into the State Treasury.

Cloninger and Files
Attorneys At Law

Seminole County Office
1515 W. Broadway
P. O. Box 337
Orlando, Florida 32765
(305) 365-3696

Evelyn W. Cloninger
James J. Files
3277 P. O. Box

Orange County Office
7121 Aloma Avenue
P. O. Box 683
Goldenrod, Florida 32733
(305) 677-6611

Reply to
LOVIEDO

August 22, 1983

Secretary of State
DIVISION OF CORPORATIONS
CORPORATE RECORDS BUREAU
Department of State
P. O. Box 6327
Tallahassee, Florida 32301

Refund application
of \$15.00

Re: THE REALTY STORE,

Timothy J. Sullivan
7448 Aloma Avenue
Winter Park, Florida 32792

Dear Gentlemen:

Pursuant to the provision of Section 607.027 of the Florida General Corporation Act, you are hereby notified that the undersigned, TIMOTHY J. SULLIVAN, has transferred to FLORIDA REAL ESTATE LICENSE SCHOOLS, INC., a Florida Corporation, solely owned by TIMOTHY J. SULLIVAN, 7712 Waunatta Court, Orlando, Florida 32807, the corporate name of "THE REALTY STORE, INC.," which has been reserved by CAROL A. MENENDEZ, President of THE REALTY STORE, INC., for a period of 120 days.

Enclosed herewith please find the Articles of Amendment to the Articles of Incorporation of the FLORIDA REAL ESTATE LICENSE SCHOOLS, INC., changing its name to THE REALTY STORE, INC. Also enclosed is a check in the amount of \$15.00 to cover the Amendment to the Articles of Incorporation. I am also enclosing herewith the Assignment of TIMOTHY J. SULLIVAN to FLORIDA REAL ESTATE LICENSE SCHOOLS, INC., of a Registered Service Mark for THE REALTY STORE, INC.

In the event you have any questions, please do not hesitate to call my office at your convenience.

Very truly yours,
Evelyn W. Cloninger
EVELYN W. CLONINGER

Called 9-12-83
will return call

Name	Registered
Availability	9-12-83
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	ENC:mj
W. P. Verity Enclosures	

LAW OFFICES
LAWRENCE NATINSKY
A PROFESSIONAL ASSOCIATION
SUITE 617
DADELAND TOWERS NORTH
9200 SOUTH DADELAND BOULEVARD
MIAMI, FLORIDA 33156
(305) 665 9105

CORPORATION AND BUSINESS LAW
REAL PROPERTY LAW
WILLS, ESTATES AND ESTATE PLANNING

SOUTH DADE OFFICE
SUITE 314
10700 CARIBBEAN BOULEVARD
MIAMI, FLORIDA 33186
(305) 251-2311

April 11, 1983

2981 07/07/83
0:00 10 15.00 000

Secretary of State
State of Florida
Capitol of Tallahassee
Florida 32304

Attention: Division of Corporations

RE: The Realty Store, Inc.

Gentlemen:

Pursuant to the provision of Section 607.027 of the FGCA, you are hereby notified that the undersigned has transferred to TIMOTHY J. SULLIVAN, who's address is C/O Evelyn W. Cloninger, Attorney at Law, 1519 W. Broadway, P.O. Box 337, Oviedo, Fla. 32765, the Corporate name of THE REALTY STORE, INC., which is in process of being reserved in your office for the exclusive use of the undersigned for a period of 120 days.

DATED: April 11, 1983

BY: Carol A. Menendez
CAROL A. MENENDEZ, President

Name
Availability
Document Examiner
Updater
Updater Verifier
Acknowledgement
W. P. Verifier

LAW OFFICES
LAWRENCE NATINSKY
A PROFESSIONAL ASSOCIATION
SUITE 615
DADELAND TOWERS NORTH
9100 SOUTH DADELAND BOULEVARD
MIAMI, FLORIDA 33156
(305) 665-0305

CORPORATION AND BUSINESS LAW
REAL PROPERTY LAW
WILLS, ESTATES AND ESTATE PLANNING

SOUTH DADE OFFICE
SUITE 314
10700 CARIBBEAN BOULEVARD
MIAMI, FLORIDA 33189
(305) 251-2515

April 11, 1983

Secretary of State
State of Florida
Capitol of Tallahassee
Florida 32304

Attention: Division of Corporations

RE: The Realty Store, Inc.

Gentlemen:

Pursuant to the provision of Section 607.027 of the FGCA, you are hereby notified that the undersigned applies for the reservation of the following corporate name for a period of 120 days: THE REALTY STORE, INC.

DATED: April 11, 1983

BY:


CAROL A. MENENDEZ, President



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State

D. W. McKinnon, Director
Division of Corporations
904/488-9636

Mrs. Nettie Sims, Chief
Bureau of Corporate Records
904/488-9383

October 21, 1983

Evelyn W. Cloninger, Esq.
P. O. Box 337
Oviedo, FL 32765

SUBJECT: THE REALTY STORE, INC.
Reference: 664155

Dear Ms. Cloninger:

We have received your document for the above corporation and your check(s) totaling \$30.00. However, the document has not been filed and is being returned for the following.

The new corporate name is not available it is the same as an existing corporation. Please select a new name and make the substitution in your amendment. You failed to return our telephone call on September 12, 1983.

If you have any further questions concerning the filing of your document, please call (904) 488-9020, the Domestic Filing Section.

Sincerely,

Doris McDuffie
Document Examiner
Charter Section

DMC:dmc



FLORIDA DEPARTMENT OF STATE
Group: Firestorm

D.W. McInnes, Director
Division of Corporations
50428-9536

Mrs. Helen Sims, Clerk
Division of Corporate Records
50428-9536

Timothy J. Sullivan
7448 Aloma Ave.
Winter Park, Fla. 32792

SUBJECT: *The Beatty Store, Inc.*

RETURNED XX : PENDING _____ : CHECK RETURNED _____

AMENDMENT _____ : DISSOLUTION _____ : MERGER _____

1. _____ The new corporate name is not available.
2. _____ Balance Due:
3. _____ The president or vice president and secretary or assistant secretary must sign the document.
4. _____ Either the president or secretary's signature must be acknowledged (notarized).
5. _____ A list of officers and directors with addresses must be included.
6. _____ Notary public's acknowledgment is incomplete.
7. _____ The date of adoption by the shareholders must be included.
8. _____ The effective date cannot be prior to the date filed in this office unless it clearly states "for accounting purposes only."
9. _____ The attached corporation report must be completed and returned.
10. _____ The document must include a statement that all debts, obligations and liabilities of the corporation have been paid or discharged.
11. _____ The document must include a statement that all remaining property and assets of the corporation have been distributed among its shareholders or that no property remained for distribution.
12. _____ The documents must include a statement that there are no actions pending against the corporation in any court.
13. _____ A copy of the written consent of all shareholders must be submitted together with a statement that all shareholders have signed the consent to dissolve.
14. _____ The above corporation has been dissolved for failing to file annual reports.
15. _____ If you wish to voluntarily dissolve the corporation, you must reinstate and then file your dissolution. See attached for instructions.
16. _____ To expedite processing, please return the reinstatement together with the amendment or dissolution to the attention of the Charter Section.

17. XX *Your name change amendment was filed on 12/30/83. Enclosed please find the copy of the Amendment that you sent and a refund application for the additional \$30.00 that you sent.*



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State

D.W. McInnon, Director
Division of Corporations
904/488-9636

Mrs. Nettie Sims, Chief
Bureau of Corporate Records
904/488-9363

February 6, 1984

Timothy J. Sullivan
7448 Aloma Ave.
Winter Park, Fla. 32792

SUBJECT: THE REALTY STORE, INC.

RETURNED XX : PENDING _____ : CHECK RETURNED _____

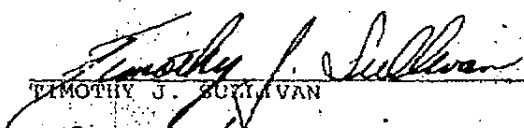
AMENDMENT _____ : DISSOLUTION _____ : MERGER _____


1. _____ The new corporate name is not available.
2. _____ Balance Due:
3. _____ The president or vice president and secretary or assistant secretary must sign the document.
4. _____ Either the president or secretary's signature must be acknowledged (notarized).
5. _____ A list of officers and directors with addresses must be included.
6. _____ Notary public's acknowledgment is incomplete.
7. _____ The date of adoption by the shareholders must be included.
8. _____ The effective date cannot be prior to the date filed in this office unless it clearly states "for accounting purposes only."
9. _____ The attached corporation report must be completed and returned.
10. _____ The document must include a statement that all debts, obligations and liabilities of the corporation have been paid or discharged.
11. _____ The document must include a statement that all remaining property and assets of the corporation have been distributed among its shareholders or that no property remained for distribution.
12. _____ The documents must include a statement that there are no actions pending against the corporation in any court.
13. _____ A copy of the written consent of all shareholders must be submitted together with a statement that all shareholders have signed the consent to dissolve.
14. _____ The above corporation has been dissolved for failing to file annual reports.
15. _____ If you wish to voluntarily dissolve the corporation, you must reinstate and then file your Dissolution. See attached for instructions.
16. _____ To expedite processing, please return the reinstatement together with the amendment or dissolution to the attention of the Charter Section.
17. XX Your name change amendment was filed on December 30, 1983. Enclosed please find the copy of the amendment that you sent and a refund application for the additional \$30.00 that you sent.

ARTICLES OF AMENDMENT TO
THE INCORPORATION OF
FLORIDA REAL ESTATE LICENSE SCHOOLS, INC.

Pursuant to the Provisions of Section 607.181 of (3) of
the Florida General Corporation Act, the undersigned constituting
all of the Directors and Stockholders of the Corporation hereby
adopt the following Articles of Amendment to the Articles of In-
corporation:

1. The name of the Corporation is hereby changed to:
THE REALTY STORE, INC.
2. Dated August 3rd, 1983.


TIMOTHY J. SULLIVAN


TRACEY L. SULLIVAN

STATE OF FLORIDA
COUNTY OF ORANGE

BEFORE ME, the undersigned authority, personally appeared
TIMOTHY J. SULLIVAN, who is to me well known to be the person
described in and who subscribed the above Articles of Amendment to
the Articles of Incorporation, and he did freely and voluntarily
acknowledge before me according to the law that he made and sub-
scribed the same for the use and purposes therein mentioned and
set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my
official seal at Goldenrod, in the County and State aforesaid,
this 3rd day of August, 1983.


NOTARY PUBLIC - STATE OF FLORIDA

My Commission Expires: Dec. 1985

STATE OF FLORIDA
COUNTY OF ORANGE


BEFORE ME, the undersigned authority, personally
TRACEY L. SULLIVAN, who is to me well known to be the person
described in and who subscribed the above Articles of Amend-
ment to the Articles of Incorporation, and she did freely
and voluntarily acknowledge before me according to the law
that she made and subscribed the same for the use and purposes
therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and
my official seal at Goldenrod, in the County and State afore-
said this 14th day of August, 1983.


NOTARY PUBLIC - STATE OF FLORIDA

My Commission Expires: 24th October 1985

CORPORATION
 ANNUAL REPORT
 1985



FLORIDA DEPARTMENT OF REVENUE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA 32399

Read Notice and Instructions on Other Side Before Making Entries
 Filing Fee of \$20 Required -- Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office
 686962 2
 THE REALTY STORE, INC.
 7448 ALOMA AVENUE
 WINTER PARK, FL 32792

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3 Date Incorporated or Qualified to Do Business in Florida 09/09/1980
 4 Federal Employer Identification Number 59-2042204

5 State of FLORIDA
 6 Names and Street Addresses of Each Officer and Director as of December 31, 1984

	Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT use Post Office Box Number)	City and State
1	SULLIVAN, TIMOTHY J.	P/D	3020 COTTAGE GROVE CT	ORLANDO, FL
2				
3				
4				
5				
6				

Registered Agent Information

7 Name and Address of Current Registered Agent	8 Name and Address of New Registered Agent
SULLIVAN, TIMOTHY J. 7448 ALOMA AVENUE WINTER PARK, FL 32792	Name Street Address (Do NOT use P.O. Box Number) City, State and Zip Code

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida. Such change was authorized by resolution duly adopted by its board of directors on:

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
 (Registered Agent Accepting Appointment)

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions and instructions on reverse side of this form.
 I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath (Officer signing must be listed in Block 6).

Signature *Timothy J. Sullivan* Date 4/24/85
 Typed Name of Signing Officer Timothy J. Sullivan Title President/Director Telephone Number 305-671-1938

11. Should you desire a certified date of status check the box. CERTIFICATE OF STATUS DESIRED
 \$5 additional fee required for a Certificate of Status

CH-2032 (11-80)

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1986



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1986 MAR 11 PM 1:58

DEPT. OF STATE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

686982 2
THE REALTY STORE, INC.
7448 ALOMA AVENUE
WINTER PARK, FL 32792

2. Enter Details of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida 09/09/1980

4. Federal Employer Identification Number (FEIN) 59-2042204

5. Date of Last Report 06/09/1985

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1985

1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
SULLIVAN, TIMOTHY J.	P/D	3020 COTTAGE GROVE CT	ORLANDO, FL	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

SULLIVAN, TIMOTHY J.
7448 ALOMA AVENUE
WINTER PARK, FL 32792

8. Name and Address of New Registered Agent

Name 81
Street Address (Do NOT Use P.O. Box Number) 82
City and State 83 FL. Zip Code 84

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on:

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6)

Signature Timothy J. Sullivan
Typed Name of Signing Officer Timothy J. Sullivan

Title President/Director

Date 2/28/86
Telephone Number 305/671-1938

11. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

CR2E034 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY/APR 1987

CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FILED
1987 FEB -5 AM 9:55

FLORIDA DEPT. OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation, Principal Office:

686762
THE REALTY STORE, INC.
7448 ALOMA AVENUE
WINTER PARK, FL 32782

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient
Street Address 21
P.O. Box No. 22
City and State 23
Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida 09/09/1980 4. Federal Employer Identification Number (FEIN) 59-2042204 5. Date of Last Report 03/11/1986

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1986

1	2	3	4	5
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
SULLIVAN, TIMOTHY J.	P/D	3020 COTTAGE GROVE CT	ORLANDO, FL	

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent
SULLIVAN, TIMOTHY J.
7448 ALOMA AVENUE
WINTER PARK, FL 32782

8. Name and Address of New Registered Agent
Name 81
Street Address 1 (Do NOT Use P.O. Box Number) 82
Street Address 2 (Do NOT Use P.O. Box Number) 83
City and State 84 FL Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE (Registered Agent Accepting Appointment) DATE

\$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under Instructions on reverse side of this form. I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath. (Officer signing must be listed in Block 6).

Signature Timothy J. Sullivan Date 1/30/87
Typed Name of Signing Officer Timothy J. Sullivan Title President/Director Telephone Number 305/671-438

11. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED \$5 Additional Fee required for a Certificate of Status

CR25034 (1/86)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

APPROVED AND FILED

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1988 APR 12 11 10 58

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Read Notes and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

686962
THE REALTY STORE, INC.
7448 ALOMA AVENUE
WINTER PARK, FL 32792

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida

09/09/1980

4. Federal Employer Identification Number (FEIN)

59-2042204

5. Date of Last Report

02/05/1987

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1987

1. Names of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
SULLIVAN, TIMOTHY J.	P/D	3020 COTTAGE GROVE CT ORLANDO, FL 32792		

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

SULLIVAN, TIMOTHY J.
7448 ALOMA AVENUE
WINTER PARK, FL 32792

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on: _____
I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.325 F.S.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

10. If a foreign corporation, state first transacted business in Florida

11. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer or Director signing must be listed in Block 6.)

Signature
Timothy J. Sullivan

Date
4/5/88

Typed Name of Signing Officer or Director
Timothy J. Sullivan

Title
President

Telephone Number
407/671-1938

12. Should you desire a certificate of status check live box.

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

FORM 1001 (1987)

0005034 (1988)

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED AND FILED

23 FEB -7 11 9 46

CORPORATION
ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

ZIP + 4

686962 2
THE REALTY STORE, INC.
7448 ALOMA AVENUE
WINTER PARK, FL 32792-9171

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida: 09/09/1980

4. Federal Employer Identification Number (FEIN): 59-2042204

5. Date of Last Report: 04/12/1988

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State	5.
P/D	SULLIVAN, TIMOTHY J.	3020 COTTAGE GROVE CT ORLANDO, FL 32792		

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

SULLIVAN, TIMOTHY J.
7448 ALOMA AVENUE
WINTER PARK, FL 32792

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85

FL.

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.035 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida _____

11. See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.
(Officer or Director signing must be listed in Block 6.)

Signature: *Timothy J. Sullivan* Date: 2/3/89

Typed Name of Signing Officer or Director: Timothy J. Sullivan Title: President Telephone Number: 407/671-1938

12. Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status

FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST AND DO NOT WRITE IN THIS SPACE.

PS0053993

CORPORATION
ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
FEB 16 AM 3:13

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:
686962 2
ZIP + 4 PRESORT
THE REALTY STORE, INC.
7448 ALOMA AVENUE
WINTER PARK, FL 32792-9171

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. This NAME of the corporation can be changed only by filing an amendment.
Street Address 21
P.O. Box 3020 COTTAGE GROVE CT
City ORLANDO, FL 32792
Zip

3. Date Incorporated or Qualified To Do Business in Florida **09/09/1980** FEI Number **59-2042204** FEI Number Applied For FEI Number Not Applicable

4. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1	2	3	4	5
Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
P/D	SULLIVAN, TIMOTHY J.	3020 COTTAGE GROVE CT ORLANDO, FL 32792		

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent
SULLIVAN, TIMOTHY J.
7448 ALOMA AVENUE
WINTER PARK, FL 32792

8. Name and Address of New Registered Agent
Name 81
Street Address 82 (Do NOT Use P.O. Box Numbers) 82
3020 COTTAGE GROVE CT
ORLANDO, FL 32792
Zip Code 85

9. Pursuant to the provisions of Sections 607.004 and 607.017, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____
I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.325 FS

SIGNATURE _____ DATE **2/10/90**
(Registered Agent Accepting Appointment)

10. I 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 effects as if made under oath. I further certify 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, F.S.

Signature *Timothy J. Sullivan* Date **2/10/90**
Typed Name of Signing Officer or Director **Timothy J. Sullivan** Title **President** Telephone Number **407/679-4290**

11. Should you desire a certificate of status check the box
CERTIFICATE OF STATUS DESIRED \$5 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FEB 12 '91

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read instructions on Other Side Before Making Entries
FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE.

1. Name and Mailing Address of Corporation: **DOCUMENT #686982 (2)**

THE REALTY STORE, INC.
3020 COTTAGE GROVE CT
ORLANDO, FL 32792

ZIP + 4 PRESORT

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address

22 P.O. Box No.

23 City and State

24 Zip Code

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida

09/09/1980

4. FEI Number

59-2042204

FEI Number Applied For

FEI Number Not Applicable

5. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT use Post Office Box Numbers)	4 City and State
1x P/D	SULLIVAN, TIMOTHY J.	3020 COTTAGE GROVE CT ORLANDO, FL 32792	
2			
2x			
3			
3x			
4			
4x			
5			
5x			
6			
6x			

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent
SULLIVAN, TIMOTHY J.
3020 COTTAGE GROVE CT
ORLANDO, FL 32792

8. Name and Address of New Registered Agent

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City

85 Zip Code

FL

9. 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 _____ DATE _____
(Registered Agent Accepting Appointment)

10. I 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. I further certify 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 6 or on an attachment with an address.

SIGNATURE *Timothy J. Sullivan* DATE **1/30/91**

Typed Name of Signing Officer or Director: **Timothy J. Sullivan** Title: **President** Telephone Number (Daytime): **(407) 679-4290**

FILING FEE OF \$61.25 REQUIRED — Make Checks Payable To: Secretary of State \$8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APR 21 1992

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

FILING FEE \$61.25 Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT #686962 (2)**

THE REALTY STORE, INC.
3020 COTTAGE GROVE CT
ORLANDO, FL 32792

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address
22 P.O. Box No
23 City and State
24 Zip Code

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2.

3. Date Incorporated or Qualified To Do Business in Florida: **09/09/1980**

3a. Date of Last Report
02/12/1991

4. FEI Number
59-2042204

FEI Number Applied For
FEI Number Not Applicable

5. **\$8.75** Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1	2	3	4
Title	Names of Officers and Directors	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1x P/D	SULLIVAN, TIMOTHY J.	3020 COTTAGE GROVE CT ORLANDO, FL 32792	
2x			
3x			
4x			
5x			
6x			

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent
SULLIVAN, TIMOTHY J.
3020 COTTAGE GROVE CT
ORLANDO, FL 32792

8. Name and Address of New Registered Agent

81 Name
82 Street Address 1 (Do NOT Use P.O. Box Number)
83 Street Address 2 (Do NOT Use P.O. Box Number)
84 City
85 Zip Code
FL.

9. Pursuant to the provisions of Sections 607.0502 and 607.1506 or Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation hereby appoints me as its registered agent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
(Registered Agent Accepting Appointment)

DATE _____

10. This corporation has liability for intangible tax under S. 193.032, Florida Statutes. Yes No (See either side for information on intangible tax.)

11. I 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. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 6 or an amendment with an address.

SIGNATURE *Timothy J. Sullivan*
Typed Name of Signing Officer or Director: **Timothy J. Sullivan**
Title: **President**

DATE **4/1/92**

Telephone Number (Area Code) **(407) 679-4290**

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee.

CR-2000 (11-91)

File Now. Filing Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
1911 Su127
Secretary of State
DIVISION OF CORPORATIONS

FEB 17 1993

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

1. Name and Mailing Address of Corporation: **DOCUMENT # 686962 (2)**

THE REALTY STORE, INC.
3020 COTTAGE GROVE CT
ORLANDO, FL 32792

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE \$200.00		ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE		4. FEI Number 592042204	Applied For <input type="checkbox"/> Not Applicable
2. Mailing Address		2a. Principle Place of Business		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
21. State, Apt. #, etc.	22. City & State	26. State, Apt. #, etc.	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip	24. Country	28. Zip	29. Country	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$138.75 Supplemental Fee Not Required	
25. Zip	26. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SULLIVAN, TIMOTHY J.
3020 COTTAGE GROVE CT
ORLANDO, FL 32792

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
86. Country
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1505 or Sections 617.017 and 617.1508, 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 _____ DATE _____
Registered Agent Accepting Appointment

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE P/D	1.2 NAME SULLIVAN, TIMOTHY J.	1.1 TITLE	1.2 NAME
1.3 ADDRESS 3020 COTTAGE GROVE CT	1.4 CITY-ST-ZIP ORLANDO, FL 32792	1.3 ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.1 TITLE	2.2 NAME
2.3 ADDRESS	2.4 CITY-ST-ZIP	2.3 ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.1 TITLE	3.2 NAME
3.3 ADDRESS	3.4 CITY-ST-ZIP	3.3 ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.1 TITLE	4.2 NAME
4.3 ADDRESS	4.4 CITY-ST-ZIP	4.3 ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.1 TITLE	5.2 NAME
5.3 ADDRESS	5.4 CITY-ST-ZIP	5.3 ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.1 TITLE	6.2 NAME
6.3 ADDRESS	6.4 CITY-ST-ZIP	6.3 ADDRESS	6.4 CITY-ST-ZIP

14. I certify that the information indicated on this annual report or supplementary annual report is true and accurate and that the signature shall have the same legal effect as if made under oath. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered by statute. The report is extended by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 2, Block 3 or 3a change my appointment with an address.

SIGNATURE *Timothy J. Sullivan* DATE **2/6/93**
Print/Type Name of Signing Officer or Director **Timothy J. Sullivan** Title **President**
Office or Home Telephone No. **(407) 678-4280**