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FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90013 046 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 820720

1. Corporation Name
REALTY RESOURCES CORPORATION

Principal Place of Business

3701 SW 1/2 AVE
 DAVIE FL 33330
 US

Mailing Address

P O BOX 820716
 SO FL FL 33082
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/11/1967

4. FEI Number
59-1161662 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 owes the current year Intangible Personal Property Tax. Yes No

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

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

9. Name and Address of Current Registered Agent

GARDNER, FRANK C
3200 SW 116 AVE
DAVIE FL 33330

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | FITZGERALD, LUCETTE L. | |
| STREET ADDRESS | 541 SW 178 WAY | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GARDNER, FRANK C | |
| STREET ADDRESS | 3200 SW 116 AVE | |
| CITY-ST-ZIP | DAVIE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DRISCOLL, JOHN W | |
| STREET ADDRESS | 2100 FIRST NAT'L BK BLD | |
| CITY-ST-ZIP | ST PAUL, MN 00000 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GARDNER, E. COURTNEY | |
| STREET ADDRESS | 3200 SW 116 AVE | |
| CITY-ST-ZIP | DAVIE FL 33330 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | GARDNER, PETER C. | |
| STREET ADDRESS | 3200 SW 116 AVE | |
| CITY-ST-ZIP | DAVIE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with an other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 954 4739845
 Date Daytime Phone #

CR2E034 (11/98)