

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **836748** (4)
1. Corporation Name
REALTY WORLD CORPORATION



Principal Place of Business

**18500 VON KARMAN
SUITE #100
IRVINE CA 92715
US**

Mailing Address

**18500 VON KARMAN
SUITE#100
IRVINE CA 92715
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified
07/27/1976

3a. Date of Last Report
04/20/1995

4. FEI Number
52-1009188

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

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 607.0402 and 607.1503, Florida Statutes, the above named corporation 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 the corporation's board of directors, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1503, Florida Statutes.

SIGNATURE

Signature of person performing duties of registered agent

Signature of person performing duties of registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **DYMONT, ROBERT P**
STREET ADDRESS **18500 VON KARMAN AVE., SUITE#100**
CITY, ST, ZIP **IRVINE CA**

TITLE **VSD** ☐ DELETE
NAME **CORRIGAN-CARR, YVONNE**
STREET ADDRESS **18500 VON KARMAN AVE., SUITE#100**
CITY, ST, ZIP **IRVINE CA**

TITLE **T** ☐ DELETE
NAME **COLSTON, MARY M.**
STREET ADDRESS **18500 VON KARMAN AVE., SUITE#100**
CITY, ST, ZIP **IRVINE CA**

TITLE **D** ☐ DELETE
NAME **WARD, HEATHER**
STREET ADDRESS **755 BURRARD ST SUITE 428**
CITY, ST, ZIP **VANCOUVER BC**

TITLE **D** ☒ DELETE
NAME **MALONEY, BARRY**
STREET ADDRESS **1100 CONNECTICUT AVE NW**
CITY, ST, ZIP **WASHINGTON DC**

TITLE **D** ☐ DELETE
NAME **DICKSON, PETER**
STREET ADDRESS **2200 BURRARD ST SUITE 2200**
CITY, ST, ZIP **VANCOUVER BC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

**M. Dan Wall
1031 Charwell Court
Salt Lake City, UTAH 84103**

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 included 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:

Mary M. Colston
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

(714) 251-0200

DATE

Telephone #

CR2E034 (12/95)