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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Piace of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F28931

(6

REAL FUND DEVELOPMENT CORP.

(6)

Mailing Address

FILED
May 09 1997 8:00am
Secretary of State



4540 SOUTHSIDE BLVD. STE 202 JACKSONVILLE FL 32218			4540 SOUTHSIDE BLVD. 8TE 202 JACKSONVILLE FL 32216-5486							
						3. Date Incorporated or Qualified 04/08/1981	3a. Date 06/1	of Last F 7/1996		
r—, '	Place of Business	2a. Mailing Address	<u></u>			4. FEI Number	****	-	oplied For	
Suite, Ap	t H este	Suite, Apt. #, etc.		•••••		59-2089719			ot Applicable	
22	: π , ω	} ·	27			5. Certificate of Status Desired			Additional equired	
City & Sta 23	ate	City & State	28			Election Campaign Financing Trust Fund Contribution	ncing \$5.00 May Be Added to Fees			
Ζη: 24]	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s 199 032, Florida Statutes				
24]	9. Name and Address of Cu		[30]			10. Name and Address of New Rec			·—·	
y	VHITE, W HOWARD			B1	Name					
4540 SOUTHSIDE BLVD, STE 202				82 Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL 32216				83						
				63						
				84	City		FL	85 Zip	Code	
11. Pursuar	I to the provisions of Sections 607	0502 and 607.1508, Florida Sta	tutes, the at	oove-	-named corp	poration submits this statement for the pi		nanging i	ts registered	
office or atient ±	r registered agent, or both, in the S am familiar with, and accept the c	State of Florida, Such change was bligations of Section 607.0505.	as authorized Florida Stat	d by utes.	the corpora	tion's board of directors. I hereby accep	t the appoir	iment as	registered	
SIGNATURE	·									
	political are take of or beinted traces of defletters	·		i Agen	nt signature requi	ired when reinstating)	DATE	IDE OTO	30 10 10	
12. Till(f	POT	AND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	WHITE, W HOWARD	- precie	1.2 NA					1 Other Ma	Monton.	
STREET ADDRESS	DOOD LINETTEDO ODOUT I	RD			ADDRESS					
Od r-ST-ZiP	JACKSONVILLE, FL 0000	0	1.4 CF	TY-ST	- 219					
THLE	DV DELETE		2.1 TI	2.1 TITLE				Change	Addition	
NAME	WHITE, JANICE L	NA.	2.2 N/	2.2 NAME						
STREET ADORESS			2.3 ST	REET A	address					
CITY \$1 75P	JACKSONVILLE, FL 0000	U DELETE	2.4 C		T-ZIP		— т	Change	Addition	
TOTALE NAME		L.J DELEN	3.1 M		ļ		۱	յ տուղջն	□ ygoddi	
STREET ADORESS					ADDRESS					
CHY ST-ZiP			3.4. C		Ì					
141,6		DELETE	4.1 71					Change	☐ Addition	
NAM:			4. 2 N	AME						
STREET ADDRESS			4.3 S1	REET	ADDRESS					
CHY-S1-7IP		DELETE	4.4 CI		-ZIP			Change	Addition	
THILE		FT DECESE	5.1 TF 5.2 NA				L.	1 Ouguite	LJ AUGIDUN	
STHEFT ADDRESS					ADDRESS					
CHY-ST-7IP			5.4 Cľ		İ					
THE		DELETE	6.1 TI				E	Change	Addition	
NAME	<u>į</u>		6.2 NA	ME						
STREET ADDRESS	5		6.3 ST	REET A	address					
CITY ST-ZiF			6.4 01	TY-ST	- ZIP					

. Los hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this sequal open or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that land an officer or director of the provision 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 18 only an analysis and that my name.

SIGNATURE:

TORRESHO TO BE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/80k1 904

904 642-134H