


FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90045 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F31518

1. Corporation Name

YE OLDE REALTY SHOPPE, INC.



Principal Place of Business

 8202 RANCHERIA DRIVE
 DEAN B. STONE
 RIVERVIEW FL 33569

Mailing Address

 8202 RANCHERIA DRIVE
 DEAN B. STONE
 RIVERVIEW FL 33569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1981

4. FEI Number

59-2178976

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

9. Name and Address of Current Registered Agent

 STONE, DEAN B.
 8202 RANCHERIA DRIVE
 RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

 81 Name Linda Kneeburg
 82 Street Address (P.O. Box Number is Not Acceptable) 145 29th Ave N
 83
 84 City St Pete FL 85 Zip Code 33704

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 607.0503, Florida Statutes.

SIGNATURE

LINDA KNEEBURG

Signature, typed or printed name of registered agent and title if applicable.

Linda Kneeburg 4-29-99

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	STONE, DEAN B.	
STREET ADDRESS	8202 RANCHERIA	
CITY-ST-ZIP	RIVERVIEW FL	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	SHANBERG, MORTON S.	
STREET ADDRESS	11619 CARROLLWOOD DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVTSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wendy Roberts	
1.3 STREET ADDRESS	145 29th Ave N	
1.4 CITY-ST-ZIP	St Pete FL 33704	
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 all other like empowered.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 SUSAN R. [Signature]

1/3/99

Date

813-626-0524

Daytime Phone #

CR2E034 (11/98)