

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzana B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000001192 (4)**

1. Corporation Name

REAL PROPERTY SERVICES CORP., A DELAWARE CORPORATION



Principal Place of Business

1935 CAMINO VIDA ROBLE
CARLSBAD CA 92008

Mailing Address

1935 CAMINO VIDA ROBLE
CARLSBAD CA 92008

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified
03/03/1993

3a. Date of Last Report
03/15/1995

4. FEI Number

95-3562968

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 607.0502 and 607.1608, 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 607.0305, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this report

Signature of the Agent or Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1	PD	<input type="checkbox"/> DELETE
NAME	BIRD, ALLAN S	
STREET ADDRESS	1935 CAMINO VIDA ROBLE	
CITY, ST, ZIP	CARLSBAD CA	
12.2	VT	<input type="checkbox"/> DELETE
NAME	VON RUSTEN, JOHN H	
STREET ADDRESS	1935 CAMINO VIDA ROBLE	
CITY, ST, ZIP	CARLSBAD CA 92008	
12.3	D	<input checked="" type="checkbox"/> DELETE
NAME	BIRD, JOSHUA D.	
STREET ADDRESS	1935 CAMINO VIDA ROBLE	
CITY, ST, ZIP	CARLSBAD CA	
12.4	V	<input type="checkbox"/> DELETE
NAME	BIRD, MYRNA	
STREET ADDRESS	1935 CAMINO VIDA ROBLE	
CITY, ST, ZIP	CARLSBAD CA 92008	
12.5	AS	<input checked="" type="checkbox"/> DELETE
NAME	CARNOW, LANCE	
STREET ADDRESS	1935 CAMINO VIDA ROBLE	
CITY, ST, ZIP	CARLSBAD CA 92008	
12.6	S	<input type="checkbox"/> DELETE
NAME	GREEN, PATRICIA M.	
STREET ADDRESS	1935 CAMINO VIDA ROBLE	
CITY, ST, ZIP	CARLSBAD CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	12 NAME	
13.3	13 STREET ADDRESS	
13.4	14 CITY, ST, ZIP	
13.5	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	22 NAME	
13.7	23 STREET ADDRESS	
13.8	24 CITY, ST, ZIP	
13.9	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	32 NAME	
13.11	33 STREET ADDRESS	
13.12	34 CITY, ST, ZIP	
13.13	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	42 NAME	
13.15	43 STREET ADDRESS	
13.16	44 CITY, ST, ZIP	
13.17	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	52 NAME	
13.19	53 STREET ADDRESS	
13.20	54 CITY, ST, ZIP	
13.21	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22	62 NAME	
13.23	63 STREET ADDRESS	
13.24	64 CITY, ST, ZIP	

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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia M. Green* PATRICIA M. GREEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96
DATE

619-431-9100
BUSINESS PHONE

CR2E034 (12/95)