

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

RECEIVED
CORPORATION DIVISION
MAY 10 11:10 AM
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001192
1. Corporation Name

REAL PROPERTY SERVICES CORP.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
3-3-93

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 owes the current year Intangible Personal Property Tax Yes No

21	2. Principal Place of Business 818 W. BROOKS AVENUE Suite, Apt #, etc	26	2a. Mailing Address 818 W. BROOKS AVENUE Suite, Apt #, etc
22	City & State NORTH LAS VEGAS, NV	27	City & State NORTH LAS VEGAS, NV
23	Zip 89030	28	Zip 89030
24	Country USA	29	Country USA

9. Name and Address of Current Registered Agent

NEIL SCHAEFFER
27121 EDENBRIDGE COURT
BONITA SPRINGS, FL 34135

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12 OFFICERS AND DIRECTORS

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	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PTD BIRD, ALLAN S.
13 STREET ADDRESS	818 W. BROOKS AVENUE
14 CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VS GREEN, PATRICIA M.
23 STREET ADDRESS	333 S. JUNIPER #217
24 CITY-ST-ZIP	ESCONDIDO, CA 92025
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DV BIRD, JOSHUA D.
33 STREET ADDRESS	818 W. BROOKS AVENUE
34 CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: Patricia M. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA M. GREEN,
SECRETARY

4-16-99
Date

760-839-7991
Daytime Phone #

CR2E034 (11/98)

B 4/19/99 99AM



ACCOUNT NO. : 072100000032 2
 REFERENCE : 209333 7063A
 AUTHORIZATION : *Patricia Pujate*
 COST LIMIT : \$ 158.75

ORDER DATE : April 19, 1999
 ORDER TIME : 10:27 AM
 ORDER NO. : 209333-010
 CUSTOMER NO: 7063A
 CUSTOMER: Diana L. Farace, Legal Asst
 Real Property Services Corp.
 Suite 217
 333 South Juniper Street
 Escondido, CA 92025

ANNUAL REPORT FILING

1-800-368-6868
 CSC'S MAILING
 10000 WILSON AVENUE
 SUITE 100
 BOSTON, MA 02120

NAME: REAL PROPERTY SERVICES CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: B 4/19/99