

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

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 818 W. BROOKS AVENUE

Suite, Apt. #, etc

22

City & State

23 NORTH LAS VEGAS, NV

Zip

Country

24 89030

25

USA

2a. Mailing Address

26 818 W. BROOKS AVENUE

Suite, Apt. #, etc

27

City & State

28 NORTH LAS VEGAS, NV

Zip

Country

29 89030

30

USA

9. Name and Address of Current Registered Agent

NEIL SCHAEFFER  
27121 EDENBRIDGE COURT  
BONITA SPRINGS, FL 34135

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 607.1508, 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

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		

11 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BIRD, ALLAN S.	
13 STREET ADDRESS	818 W. BROOKS AVENUE	
14 CITY-ST-ZIP	NORTH LAS VEGAS, NV 89030	
21 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GREEN, PATRICIA M.	
23 STREET ADDRESS	333 S. JUNIPER #217	
24 CITY-ST-ZIP	ESCONDIDO, CA 92025	
31 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	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)



ACCOUNT NO. : 072100000032

REFERENCE : 209333 7063A

AUTHORIZATION :

COST LIMIT : \$ 158.75

*Patricia Pujate*

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

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*