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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000005654 (9)

1. Corporation Name

REAL ESTATE ANALYTICAL SERVICES, INC.



Principal Place of Business

Mailing Address

3302 TWIN LAKE LANE  
SANIBEL FL 33957

3302 TWIN LAKE LANE  
SANIBEL FL 33957

2. Principal Place of Business

2a. Mailing Address

21 1125 JUNONIA ST.

26 1125 JUNONIA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 SANIBEL, FL

27 City & State  
28 SANIBEL, FL

24 Zip Country  
25 33957 LEE

29 Zip Country  
30 33957 LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADLER, JOHN H  
3302 TWIN LAKES LANE  
SANIBEL FL 33957

81 Name JOHN H. ADLER

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 607.1505, Florida Statutes.

SIGNATURE

*John H. Adler, Pres.*

(NOTE: Registered Agent's signature required when re-registering)

DATE

1-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME ADLER, JOHN H  
STREET ADDRESS 3302 TWIN LAKES LANE  
CITY-ST-ZIP SANIBEL FL 33957

1.2 NAME  
1.3 STREET ADDRESS ADDRESS ONLY  
1.4 CITY-ST-ZIP SEE ABOVE

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ADLER, ELAINE R  
STREET ADDRESS 3302 TWIN LAKES LANE  
CITY-ST-ZIP SANIBEL FL 33957

2.2 NAME  
2.3 STREET ADDRESS ADDRESS ONLY  
2.4 CITY-ST-ZIP SEE ABOVE

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME COX, TOM ESQ.  
STREET ADDRESS 6 CITY CENTER, 4TH FL, %FREIDMAN & BABCOCK  
CITY-ST-ZIP PORTLAND ME 04101

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN H. ADLER PRESIDENT *John H. Adler, President 1-15-96 941 472 9198*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)