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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500003295 (1)

REALTY ADVISORS, INC.

FILED May 19 1997 8:00am Secretary of State



+mncipal mas	ce of Business	Malling Address				,			
4001 B WETH NORCROSS G	erburn way 1a 30092		4001 B WETHERBURN WAY NORCROSS GA 30092-4609						
					3. Date Incorporated or Qualified			Report	
2. Principal I	Place of Business	2a. Mailing Address	· · · · · ·	~···		4. FEI Number		A	pplied For
1		26				58-1399025		N	lot Applicabl
Suite, Apt	. #, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Sta	te	City & State				6. Election Campaign Financing		\$5.00	May Be
3	28					Trust Fund Contribution		Added	to Fees
- Ζιρ "1	Country Zip		⊢ "	Country		8. This corporation has liability for in			s. 199.032,
4	25 9. Name and Address of Curre	29	30	·····		Florida Statutes 10. Name and Address of New Reg		No	
		mi negistered Agent		81	Name	10. Name and Address of New Hel	hero.oc	Agent	
	CHER, JERALD W				1401110				
1822 GRANT AVE PANAMA CITY FL 32401				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
•				83					,
				84	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered a	gent and tille if applicable (NO	TE Registere	ed Age		poration submits this statement for the pition's board of directors. I hereby acception when reinstating)	DATE		
12.	PC OFFICERS A	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	EHS ANI	Change	RS IN 12
THEE	BISHOP, JERRY W	← DESCRIC	1,1 1					L Change	
NAME OUNTE TOURS	JAME OILIOLAID OLIODES DO			IAME TOTAL	*DDDCCC				
STREET ADDRESS	CUMMING GA 30130		1		ADDRESS				
CITY - S1 - ZIP TITUE	S	DELETE	2.1 T	ITY-S	1-211			Change	Additio
NAME	CLEGG, RICHARD A	ED precia		AME			15:3.		
STREET ADDRESS	AGAL OLISHING DO		8		ADDRESS	•	,		
CITY-SI-ZIP	NORCROSS GA 30092			CITY-S	1				
TIFLE		☐ DELETE		ITLE				Change	Additio
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STREET AODRESS			335	TAEET	ADDRESS				
CITY-ST-Zit			3.4.	CITY - S	iT-ZiP				
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City-St Zi ^p				ITY-S	T-ZIP			- - - - - - - - - - 	
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Cify - ST - ZiP		T br. ren		CITY-S	T-ZIP			Chan	141014
TITLE		DELETE		ITLE				Change	Addition
NAME:			6.2 1	NAME	1				
DESCRIPTION AND INCOME.									
STREET ADDRESS	•		6.3 9	STREET	ADDRESS				

14. I do 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.