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

Mar 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)G12907 HAPPENINGS REAL ESTATE INC. Principal Place of Business Mailing Address 4795 FAY BLVD.. #8 4795 FAY BLVD., #6 **COCOA FL 32927 COCOA FL 32927** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/13/1982 2, Principal Place of Business 2a. Mailing Address Applied For 59-2239485 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name MESSER, SANDRA J. 6440 BANKS AVE Street Address (P.O. Box Number is Not Acceptable) **COCOA FL 32927** 83 84 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE **Change** Addition RODRIGUEZ, RANDEL L NAME 1.2 NAME CR2E034 4742 BROOKHAVEN ST STREET ADDRESS 1.3 STREET ADDRESS COCOA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 21 TITLE MESSER, SANDRA J. NAME 22 NAME STREET ADDRESS 6440 BANKS AVE 2.3 STREET ADDRESS **COCOA FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

**FILED** 

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 ennual report or suppliemental 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:

\*\*Example 1.\*\* Redictage: 3-16-98 407-631-7138\*\*

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP