

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90114 011 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # G17637

1. Corporation Name
REALTY ONE SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O GEORGE E. LEE
16 FERRY ROAD, S.E.
FT WALTON BEACH FL 32548

Mailing Address
C/O GEORGE E. LEE
16 FERRY ROAD, S.E.
FT WALTON BEACH FL 32548

3. Date Incorporated or Qualified
01/05/1983

4. FEI Number
59-2246317

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
LEE, GEORGE E.
16 FERRY ROAD, S.E.
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEE, GEORGE E.	
STREET ADDRESS	902 SHARON POINT CIRCLE	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ADAMS, EARL R.	
STREET ADDRESS	704 MELANIE LANE	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EWING, MARVIN	
STREET ADDRESS	504 DORY AVE	
CITY-ST-ZIP	FT WALTON BEACH FL	
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

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barrett, Jan	
1.3 STREET ADDRESS	707 Heron Lane	
1.4 CITY-ST-ZIP	Destin, FL 32541	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Daugard, Tim	
2.3 STREET ADDRESS	187 Baggett Place	
2.4 CITY-ST-ZIP	Ft Walton Beach, FL 32548	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Judkins, Jane	
3.3 STREET ADDRESS	2633 Black Gum Road	
3.4 CITY-ST-ZIP	Navarre, FL 32566	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rose, Joyce	
4.3 STREET ADDRESS	116 Bayshore Court NE	
4.4 CITY-ST-ZIP	Ft Walton Beach, FL 32548	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: _____ DATE: **JAN 15, 99** (800) 244-5713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)