

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 28 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G59565 (3)

1. Corporation Name

REAL ESTATE CONSULTING SERVICES, INC.

Principal Place of Business

**200 E. ROBINSON ST. 7250
ORLANDO FL 32801**

Mailing Address

**200 E. ROBINSON STREET
STE 290
ORLANDO FL 32801
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/14/1983

3a. Date of Last Report

02/21/1994

2. Principal Place of Business

21 10017 LONE TREE LN.

2a. Mailing Address

26 10017 LONE TREE LANE

4. FBI Number

59-2326411

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KLOPFENSTEIN, R D
200 E ROBINSON STR
STE 290
ORLANDO FL 32801**

10. Name and Address of Now Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10017

83 **LONE TREE LANE**

84 City **ORLANDO**

FL

85 Zip Code **32836**

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

R D Klopfenstein

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

4-24-95

DATE

12. OFFICERS AND DIRECTORS

**PST
KLOPFENSTEIN, R D
10017 LONE TREE LN.
ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 110.07(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:

R D Klopfenstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95

DATE

876-3484

Telephone Number