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

**PROFIT** .CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # G60615**

1. Corporation Name

REALTY ASSOCIATES INTERNATIONAL INC.

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90208 037 \*\*\*150.00

HEALT AGGOGIATES INTERIORAL, INC.										
Principal Plac	e of Business	Mailing A	Address					10) UIII #10H U	181 AIBH BEBTI BI	1811 B1811 (BB1
1630 NORTH-FEDERAL-HIGHWAY 1630 NORTH-FEDERAL-HIGHWAY										
FORT LAUDERDALE FL 93305										
							DO NOT WRI	TE IN THIS	SPACE	
							3. Date Incorporated or Qualifed			
				_			09/21/1983			
	lace of Business O	2a. Mailis	ng Address	-	1		4. FEI Number		<u> </u>	plied For
21 <u>285</u>	SABAL VAIM IEU		SHUI		פי		<u>59-2541208</u>			t Applicable
Suite, Apt.	#, etc.	Suite	, Apt. #, etc. 💫		1		5. Certificate of Status Desired		<b>\$8.75</b> A Fee Rec	
22		27	100	<u> </u>	-	<u> </u>				
& Stat		— ·	& State				6. Election Campaign Financing		\$5.00	- 1
23 BOCH KAter, Ma 28							Trust Fund Contribution		Added to	o Fees
Zip Country Zip Country							8. This corporation owes the curr	ent year Int		
24 33	432  25 USM	29	30	<u>)                                    </u>			Personal Property Tax.			□No
	9, Name and Address of Curre	ent Registered	Agent				10. Name and Address of New F	tegisterea	Agent	
ODA	VENUOUST DAIN S			81	Nam	е				ĺ
GRAVENHOUST, PAUL S					Stree	et Addres	ss (P.O. Box Number is Not Accepta	ible) .		
283 SABAL PALM TERRACE										
BOC	A RATON FL 33432			83						
				84	City		<del>-</del>		85 Zip C	Code
							•	FL	<b>-</b>   _	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.150	8, Florida Statutes,	the above	e-name	d corpor	ration submits this statement for the	purpose of	changing its	registered
office or i	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Sue ations of, Section	ch change was autr on 607.0505, Florid	iorized by a Statutes	tne coi ,	rporation	is board of directors. I hereby accep	or the appoi	ulluleur as ref	gistered
	art to think the party of the case	,					•		•	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applica	ble. (NOTE: Re	gistered Ager	nt signatur	o required v	when reinstating)	. DATE		
12.	OFFICERS A	ND DIRECTOR	RS	13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	DP		DELETE	1.1 TITLE		Ì			Change	Addition (
NAME	GRAVENHORST, PAUL S			1.2 NAME						
STREET ADDRESS	283 SABAL PALM TERRACE			1.3 STREET	FADDRES	is				
CITY-ST-ZIP	BOCA RATON FL 33432			1.4 CITY-S	T-ZIP					
TITLE	Dev-D-	1	☐ DELETE	2.1 TITLE					Change	Addition
NAME		000 186	MAN)	2.2 NAME	•					
STREET ADDRESS	12 Am o V.	2014	<del></del>	2.3 STREE	TADORES	ss				
CITY-ST-ZIP			'	2.4 CITY-5	ST-ZIP	1				•
TITLE	DVP		☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME	DAVE D L. WOR	RMPLY	2	3.2 NAME						
STREET ADDRESS	203 SARAL PAL	m Tell	n.	3.3 STREET	TADDRES	es l				
	BOCK RATON F	15 33	432	3.4. CITY-S		~			,	
CITY-ST-ZIP TITLE	1205 K KALANAY I	1 2-	DELETE	4.1 TITLE	,,- <u>C</u> ii				☐ Change	Addition
	-			4. 2 NAME						i
NAME	,			4.3 STREET	r Anndes					
STREET ADDRESS						~				ľ
CITY-ST-ZIP		, - , - <sub>20</sub> ,	☐ DELETE	4.4 CITY-S 5.1 TITLE	1-41"	+-			Change	☐ Addition
TITLE				5.1 NAME			-		_ •	_
NAME				I		_				
STREET ADDRESS				53 STDEET	TADORES	S 1				i
CITY-ST-ZIP				5.3 STREET		S				ĺ
*****			□ DELETE	5.4 CITY-S		8			Change	☐ Addition
tme.			☐ DELETÉ	5.4 CITY-S 6.1 TITLE		S .			Change	☐ Addition
NAME			☐ DELETE	5.4 CITY-S 6.1 TITLE 6.2 NAME	T-ZIP		·		Change	☐ Addition
			□ DELETÉ	5.4 CITY-S 6.1 TITLE	T-ZIP TADDRES		· -		Change	☐ Addition

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:**