## 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 # H26354

(1)

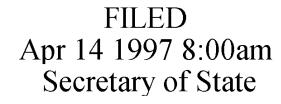
R/E MARKETING COMMERCIAL & INVESTMENT REAL ESTAT E SERVICES, INC.

Principal Place of Business

Mailing Address

701 W. FLETCHER AVE., SUITE D TAMPA FL 33612

701 W. FLETCHER AVE., SUITE D TAMPA FL 33612-3430





3a. Date of Last Report

04/19/1996

3. Date Incorporated or Qualified

10/19/1984

2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 203 1	203 North Marion St. 26 203 North Maj		Mari	on St.	59-2558721	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	θ	City & State			6. Election Campaign Financing	\$5.00 May Be	
23 Tampa, Florida 28 Tampa, Florid			orida		Trust Fund Contribution	Added to Fees	
Zip -	Country 7ip Cou			The section of the se			
24 33602 25 29 33602 30			0	Florida Statutes			
9. Name and Address of Current Registered Agent				10, Name and Address of New Registered Agent			
UXIAL, RUNALU A.							
	W. FLETCHER AVE., SUITE D		82		d_AOxtal_ ess (P.O. Box Number is Not Acceptable)		
TAMPA FL 33612			100	203 North Marion Street			
			63				
			84	City	F-1	85 Zip Code	
				LTampa_	FL FL	33602	
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 a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statute	<b>S</b> .	, , , , , ,		
SIGNATURE					d whon reinstating) DATE		
	Signature, typnid or printed name of registered age:  OFFICERS AND		tegistered Ag	ent signature require:	ADDITIONS/CHANGES TO OFFICERS AND D	VIDECTORS IN 12	
12.	STD	DELETE	11 10 LE			*Change Addition	
NAME	HENDRY, HAYNES T.	E bitten	1.2 NAME		^	Manage Editions	
	701 W. FLETCHER AVE #D				203 North Marion Stree	L.	
STREET ADDRESS			8		rampa, FL 33602	L	
CITY-ST-ZIP TITLE	TAMPA FL PD	DELETE	1.4 CITY - S 2.1 THLE	51-71	Tampa, FL 33002	Change Addition	
NAME	OXTAL, RONALD A.		2.2 NAME	Ì	X.	Y	
STREET ADDRESS	701 W. FLETCHER AVE #D		I	I ADORESS 2	203 North Marion Stree	4.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-	e1 710	203 NOITH MALION SCREE	τ	
TITLE	IAMI A 1 L	DELETE	311011	311-211	Pampa, FL 33602	Change Addition	
NAME	ll .		3 2 NAME	)			
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP			3.4. CITY-	1			
TITLE		DELETE	4.1 THLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 \$TREET	I ADDRESS			
CITY-ST-ZIP			4.4 CITY - 5				
TITLE		DELETE	5 1 10 LF			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	I ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	S1-71P			
TITLE /		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 \$1REE	1 ADDRESS			
CITY-ST-ZIP			6.4 CITY-5				
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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early the residence of the section of the sec							
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 attaching with an address.							