## 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 # H62210

(0)

REALM CONSULTANTS, INC.

Mailing Address

Principal Place of Business 2653 MCCORMICK DRIVE CLEARWATER FL 34619-8041

2653 MCCORMICK DRIVE CLEARWATER FL 34619-104

## FILED Apr 30 1997 8:00am Secretary of State



CLEARWATER FL 34819-8041		CLEARWATER FL 34619-1041						
<u> </u>						ate Incorporated or Qualified 17/1985	3a. Date of I	
	Place of Business	2a. Mailing Address	0	(. <b>%</b>	<b>4.</b> FE	Number		Applied For
	MECORMICK Drive	26 7623 MS	-DMI	e uri	ive :	59-2542912		Not Applicable
Suite, Apt.	c 101	Suite, Apt. #, etc.  27 Ovite 101			<b>5.</b> C	ertificate of Status Desired	7 -	.75 Additional ee Required
City & State  23 Clearwater, FL  28 Clearwate			er, i	6. Election Campaign Finant Trust Fund Contribution			\$5.00 May Be Added to Fees	
24 346F	1		Country	y 	Fl		Yes No	der s. 199.032,
	g. Name and Address of Current	Registered Agent		Υ· <del></del>	10. N	ame and Address of New Re	gistered Agent	
	G, KENNETH L.		81	Name				
2653 MCCORMICK DRIVE				Street A	ddress (P.Q.	Box Number is Not Acceptab	le)	
CLE	ARWATER FL 34619-8041		83	LIGH	3 ME	DRIVER DIZIVE	-SUITI	3101
			83					
			84	'	THE PERSON WHEN IN STREET AS SERVICES AND ADDRESS AS A SERVICE AS A SE		FL 85	Zip Code
Onlice of t	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	ar riorida. Such change was au	inorizea b	v the corbo	corporation s oration's boa	ubmits this statement for the p rd of directors. I hereby accep	urpose of chang t the appointme	jing its registered int as registered
SIGNATURE								
	Signature, typod or printed name of registered agent			ont signature ri	equired when rein		DATE	
12.	OFFICERS AND	DELETE	13.		ADI	DITIONS/CHANGES TO OFFIC		
NAME	KING, KENNETH L	L] Otten	1.1 DILE				∐ Ch	ange L_ Addition
STREET ADDRESS	2653 MCCORMICK DRIVE		1.2 NAME		4/42	M CCORMICK T	owa.	
	CLEARWATER FL			F ADDRESS	2617	MCCERNICE D	15106- 3	OLS IOI
CITY-ST-ZIP TITLE	DS	DELETE	1.4 CHY-5 2.1 TITLE	ST - ZIF	<del> </del>		T 05	
NAME	KING, M. SUSAN	bear re	2.2 NAME				Ch	ange 🔲 Addition
STREET ADDRESS	2853 MCCORMICK DRIVE		i .	Inches	7/	MUCORMICK	Daule	Summerlant
CITY-ST-ZIP	CLEARWATER FL		2.3 STREET		4013	bleecies ici-	171700	NIG 101
TITLE	OLE SIMPLE IN L	DELETE	2.4 CITY- 3.1 TITLE	ST- ZIP			Ch	ange Addition
NAME			3.2 NAME	- [			L (III	ange TT Voquion
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			3.3 STREFT	!				
TITLE		DELETE	3.4 CITY -	51-7IP			☐ Ch	ange Addition
NAME			4.2 NAME					inge Hooklon
STREET ADDRESS			4.2 NAWL	ADDRESS				
CITY-ST-ZIP			4 4 City- S					
TITLE		DELETE	5 1 117LE	N-TIL			☐ Ch	ange Addition
NAME		<u> </u>	5 2 NAME				_ 00	ango CJ Addictuil
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP								
TITLE		DELETE	5.4 CHY - 5 6.1 THLE	01-715			Ch	ange Addition
NAME			6.2 NAME				اال دیا	mac C Voquitibil
STREET ADDRESS				ADDRESS				
			6.3 STREET	- 1				
CITY-ST-ZIP			6.4 CITY - S	it-ZIP				

1. 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 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 18 if changed, or on an attachment with an address