

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90070 028 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # H69052**

1. Corporation Name

**REAL ESTATE BANKERS, INC.**



Principal Place of Business

~~766 HUDSON AVE.~~

~~SUITE B~~

~~SARASOTA FL 34236~~

Mailing Address

~~766 HUDSON AVE.~~

~~SUITE B~~

~~SARASOTA FL 34236~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/07/1985**

4. FEI Number

**59-2552319**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**2901 Clint Moore Rd.**

Suite, Apt. #, etc.  
**Suite 128**

City & State  
**Boca Raton Florida**

Zip **33496** Country **USA**

2a. Mailing Address

**2901 Clint Moore Rd.**

Suite, Apt. #, etc.  
**Suite 128**

City & State  
**Boca Raton, Florida**

Zip **33496** Country **USA**

9. Name and Address of Current Registered Agent

**BONE, DAVID D.**  
**766 HUDSON AVE.**  
**SUITE B**  
**SARASOTA FL 33236**

10. Name and Address of New Registered Agent

81 Name **MARK B. GOLDSTEIN**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2255 Glades Road, Suite 236W**

83

84 City **Boca Raton**

**FL**

85 Zip Code  
**33431**

11. Pursuant to the provisions of Sections 607.0503 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **BONE, DAVID D.**  
STREET ADDRESS **5235 HIDDEN HARBOR RD**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **Edward Godman, President & Director**  
1.3 STREET ADDRESS **2901 Clint Moore Road, Suite 128**  
1.4 CITY-ST-ZIP **Boca Raton, Florida 33496**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

1/23/99

561

989-9955

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