

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H84774** (9)

1. Corporation Name

**REALISTIC REALTY AND PROPERTY MANAGEMENT INC.**



Principal Place of Business

**1848 NE JENSEN BCH BLVD.  
JENSEN BCH. FL 34957**

Mailing Address

**1848 NE JENSEN BCH BLVD.  
JENSEN BCH. FL 34957**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/12/1985**

3a. Date of Last Report

**04/12/1995**

4. FEI Number

**59-2615283**

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

10. Name and Address of New Registered Agent

**LEE, JOAN C.  
4267 SE WQUINTON AVE.  
STUART FL 32997**

81 Name

**LEE JOAN C**

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

**4267 SE QUINTON AVE**

83

84 City

**STUART**

FL

85 Zip Code

**32997**

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

*Joan C. Lee*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

**3-18-96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PST  
LEE, JOAN C.  
4267 SE QUINTON AVE.  
STUART FL**

TITLE ☐ DELETE

NAME **V  
LEE, JOAN C.  
4267 SE QUINTON AVE.  
STUART FL**

TITLE ☐ DELETE

NAME ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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 ☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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:

*Joan C. Lee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-18-96**

Date

Daytime Phone #

CR2E034 (12/95)