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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **J49729**

1. Corporation Name

REAL ESTATE RESEARCH CONSULTANTS, INC.

									. 21511 2/	BIT BIE	A WINDA PORF	
Principal Place of Business Mailing Address						'						
200 E. ROBINSON ST. 200 E. ROBINSON ST.						Ì						
SUITE 690 SUITE 690							DO NOT WRITE IN THIS SPACE					
ORLANDO FL 32801-4303 ORLANDO FL 32801-4303							3. Date Incorporated or Qualifed					
us us						3.	12/31/1986					
2. Principal Pla	ace of Business	2a. Mailing Address				4.	FEI Number			Appl	ied For	
21 200 E. Robinson St. 26 200 E. Robi			inso	nson St.			<u>59-2762682</u>			Not A	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							Certificate of Status Desired	<b>.</b> .		-	ditional	
22 400						<u>J.</u>	Continuence of Change Decirco		- Fee	Requ	nited	
City & State City & State						6.	Election Campaign Financing		•		ay Be	
23 Orlando, Fl. 28 Orlando, F			1				Trust Fund Contribution	_		ied to	Fees	
			_ Counti	Country			This corporation owes the current year	_		_	ا ا	
24 3280	1 25	29 32801 3	0			Щ.	Personal Property Tax.		Yes		No	
	9. Name and Address of Current	Registered Agent		<u>а</u> т.		10.	Name and Address of New Registe	red A	jent			
TATIC	NU DEILLID		8	1   1	Name						j	
TATICH, PHILIP 101 SOUTHHALL LANE, SUITE 285				2	Street Ad	idress (F	O. Box Number is Not Acceptable)					
MAITLAND FL 32751				_								
MULL	LAND IL SZIST		8				**************************************	_	laal ·	<del></del>		
			ì	1	City			FL.	1	Zip Co		
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.												
_	in lamina. Wall, and accept the congenie											
SIGNATURE Signatura, typed or printed name of registered agent and title if applicable. (NOTE: Registered												
12.	OFFICERS AND	DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICER					
TITLE	DVP	☐ DELETE	1.1 TITLE	:		DVP			Char	ige	☐ Addition	
NAME	BEITSCH, OWEN M.		1.2 NAME	E	ĺ		tsch, Owen M.				ļ	
STREET ADDRESS	200 E. ROBINSON ST., SUITE 6	90	1.3 STRE	ET AI	DORESS	200	E. Robinson St.	Sui	.te	40	0	
CITY-ST-ZIP	ORLANDO FL		14 CITY-	-ST-Z	ZiP	Orla	<u>ando, Fl. 32801</u>					
TITLE	PDT	☐ DELETE	2.1 TITLE	•		PDT			Char	nge	Addition	
NAME	OWEN, WILLIAM H.		2,2 NAMI	E	Ì	Owe	n, William H.				}	
STREET ADDRESS	200 E. ROBINSON ST., SUITE 6	90	2.3 STRE	ETA	DDRESS		E. Robinson St.	Sui	te	40	0	
CITY-ST-ZIP	ORLANDO FL		2,4 CITY	'- ST-	ZIP		ando, Fl. 32801	_	_			
TITLE	DS	☐ DELETE	3.† TITLE			DS	,		Char	nge	☐ Addition	
NAME	ROHR, JAY B.		32 NAME	Ε		Roh	r, Jay B.					
STREET ADDRESS	200 E. ROBINSON ST., SUITE 6	90	3.3 STRE	ET A	DDRESS		E. Robinson St.	Sui	te	40	0	
CITY-ST-ZIP	ORLANDO FL		3,4. CITY	'-ST-	ZiP		ando, Fl. 32801					
TITLE	DC	☐ DELETE	4,1 TITLE		, , , , , , , , , , , , , , , , , , ,	DC	2000, 200 0000		Char	nge	☐ Addition	
NAME	ARNOLD, LEE E.		4. 2 NAM	Œ			old, Lee E.					
STREET ADDRESS	200 E. ROBINSON ST., SUITE 6	90	4.3 STRE	ETA	DDRESS		E. Robinson St.	Sui	te	40	0	
CITY-ST-ZIP	ORLANDO FL		4,4 CITY	-ST-Z	ZiP		ando, Fl. 32801					
TITLE		☐ DELETE	5.1 TITLE	Ξ					Char	nge	☐ Addition	
NAME			5.2 NAMI	E								
STREET ADDRESS			5,3 STRE	ETA	DDRESS						į	
CITY-ST-ZIP			5.4 CITY	-ST-2	ZIP							
TITLE		☐ DELETE	6.1 TITLE	=					Chai	nge	Addition	
NAME			6.2 NAM	E							i	
STREET ADDRESS			6.3 STRE	ETA	DDRESS							

14. I hereby certify that the information supplied with this thing 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 e and that my signature shall have the same legal effect as if made under oath; that I am an the this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed,

6,4 CITY-ST-ZIP

CITY-ST-ZIP

TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR