

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 # **J94170** (4)

1. Corporation Name

REFERRAL-MAKERS REALTY, INC.



Principal Place of Business

**% JULIUS WISHNIA
10181 S.W. 4TH STREET
FT. LAUDERDALE FL 33324**

Mailing Address

**% JULIUS WISHNIA
10181 S.W. 4TH STREET
FT. LAUDERDALE FL 33324**

3. Date Incorporated or Qualified
09/25/1987

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number

65-0010888

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WISHNIA, JULIUS
10181 S.W. 4TH STREET
FT. LAUDERDALE FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of the registered agent, if not applicable.

Signature typed or printed name of the registered agent, if not applicable.

DATE

12. OFFICERS AND DIRECTORS

1 NAME **D WISHNIA, JULIUS** ☐ DELETE
2 STREET ADDRESS **10181 S.W. 4TH STREET**
3 CITY-STATE-ZIP **FT. LAUDERDALE FL**

4 NAME ☐ DELETE
5 STREET ADDRESS
6 CITY-STATE-ZIP

7 NAME ☐ DELETE
8 STREET ADDRESS
9 CITY-STATE-ZIP

10 NAME ☐ DELETE
11 STREET ADDRESS
12 CITY-STATE-ZIP

13 NAME ☐ DELETE
14 STREET ADDRESS
15 CITY-STATE-ZIP

16 NAME ☐ DELETE
17 STREET ADDRESS
18 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1 NAME ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY-STATE-ZIP

5 NAME ☐ Change ☐ Addition
6 NAME
7 STREET ADDRESS
8 CITY-STATE-ZIP

9 NAME ☐ Change ☐ Addition
10 NAME
11 STREET ADDRESS
12 CITY-STATE-ZIP

13 NAME ☐ Change ☐ Addition
14 NAME
15 STREET ADDRESS
16 CITY-STATE-ZIP

17 NAME ☐ Change ☐ Addition
18 NAME
19 STREET ADDRESS
20 CITY-STATE-ZIP

21 NAME ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

954-474-4174

CR2E034 (12/95)