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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

J99381

REGOR REAL ESTATE SERVICES INC. Principal Place of Business Mailing Address						
STE 264	MATIONAL PARKWAY	STE 264	• • • • • •			
HEATHROW	FL 32746	HEATHROW FL 32746			3. Date Incorporated or Qualified 10/23/1987	3a. Date of Last Report 05/01/1995
2. Principal Plac	ce of Business	2a. Ma'ling Addr	<u></u> 888		4. FEI Number	Applied For
21 115 Ir	nternational Pkwy	26 115 International Pkwy			59-2855780	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #	, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State			Election Campaign Financing	\$5.00 May Be
City & State 23 Heaths	row, Florida	28 Heathrow, Florida		Trust Fund Contribution	Added to Fees	
	Country	Zo	- · · - · · · · · · · · · · · · · · · ·	ountry	8. This corporation has liability for	intangible tax under s. 199.032,
^{Ζιρ} 32746	25	₂₉ 32746	30		Florida Statutes 🔲 Yes	. □No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	tegistered Agent
				81 Nanie		
SODERSTROM, ROGER W.				82 Street Ad	dress (P.O. Box Number is Not Acceptat	ile)
	REGENCY PLACE			83		
SUITE	128 IROW FL 32746					
neam	INOW FL 32/46			84 Gity		FL 85 Zip Code
12.		ND DIRECTORS	1;			DATE ICERS AND DIRECTORS IN 12 Change Addition
TITLE	D SODERSTROM, ROGER W	DEI		1 Tille		Change C Addition
NAME OFFICE ADDRESS	1278 REGENCY PLACE	•		NAME SIREHI ADDGESS		
STREET ADDRESS CHTY-ST-ZIP	HEATHROW FL			4 CITY ST ZIP		
TITLE		DEI		1 TITLE		Change Addition
NAME			2.2	2 NAME		
STREET ADDRESS			23	STREET ADDRESS		
CITY - ST - ZIP				4 CHY - ST-ZIP		
THE		☐ DE		1 TITLE		☐ Change ☐ Addition
NAME				2 NAME		•
STREET ADDRESS				3 STREEF FACIDRESS		
CITY-ST-ZIP TITLE		□ DE		4 CHY - ST - ZIP 1 TiTLE		Change Addition
NAME				2 NAME		
STREET ADDRESS				3 STREET ADDRESS		
CITY-ST-ZIP				4 CITY - ST - ZIP		
TITLE		DE	LETE 5	1 TITLE		Change Addition
NAME			5	2 NAME		
STREET ADDRESS			5	3 STREET ADOPESS		
CITY - ST - ZIP				4 CITY ST-ZIP		Crange Addition
TITLE		☐ DE		1 THE		Clarife Clarition
NAME				2 NAME		
STREET ADDRESS	I .		■ b	3 STREET ADDRESS		

64 CITY ST-ZIP

SIGNATURE: ___

CITY - SI - ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. To 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 the denual 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 on powered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if the feet, or on an attachment with an address. 4-29-96 333-190