

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K11145

(5)

1. Corporation Name

R.E.A. FINANCIAL SERVICES, INC.

Principal Place of Business

ONE SW FLAMINGO RD  
SUITE 201  
PEMBROKE PINES FL 33027

Mailing Address

ONE SW FLAMINGO RD  
SUITE 201  
PEMBROKE PINES FL 33027-1716

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

JOTKOFF, ALAN M.  
11849 SW 43RD ST  
PEMBROKE PINES FL 33330

3. Date Incorporated or Qualified

01/05/1988

3a. Date of Last Report

04/24/1996

4. FEI Number

65-0021246

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

81 Name

Steve Needleman

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

1 SW 129th Avenue, Suite 201

84 City

Pembroke Pines

FL

85 Zip Code

33027

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/97

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME JOTKOFF, ALAN M.  
STREET ADDRESS 11849 SW 43RD ST  
CITY-ST-ZIP DAVIE FL

☒ DELETE

TITLE SD  
NAME JOTKOFF, PATRICIA T.  
STREET ADDRESS 11849 SW 43RD ST  
CITY-ST-ZIP DAVIE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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

P  
Steven Needleman  
1 SW 129th Avenue, Suite 201  
Pembroke Pines, FL 33027

VP  
Arlene Needleman  
1 SW 129th Avenue, Suite 201  
Pembroke Pines, FL 33027

14. I do 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.

Signature

3/10/97

Signature

CR2E034 (9/96)

FILED  
Mar 13 1997 8:00am  
Secretary of State

