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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K65911

REALTY GROUP OF SPRUCE CREEK, INC.

	•									
Principal Place of Business Mailing Address							I judialiti sin ajibi ahija (bial jida, lisa alan ah	JIK #1881 B.I		1 8181) 1887
1896 SPRUCE CREEK BLVD E DAYTONA BEACH FL 32124 US 1896 SPRUCE CREEK BLVD E DAYTONA BEACH FL 32124 US							DO NOT WRITE IN THIS	SPACE_		
00		7.7					3. Date Incorporated or Qualifed			
							02/06/1989		A	tad Fas
2. Principal P	face of Business	\vdash	ailing Address	•			4. FEI Number			ied For Applicable
21		26					59-2931703	\$8.7		ditional
Suite, Apt.	#, etc.	27	uite, Apt. #, etc.				5. Certifcate of Status Desired	Fee	Requ	uired
City & Stat	e	28 Ci	ty & State				Election Campaign Financing Trust Fund Contribution	Add	UU M led to	lay Be Fees
Zip	Country 25	Zi ₁	P	Cou 30	ntry		This corporation owes the current year Interpretational Property Tax.	☐ Yes	Ξ]No
24	9. Name and Address of Currer		ed Agent	1-21			10. Name and Address of New Registered	Agent		
				-	81	Name				
SPOTTEK, ROBERT F 1896 SPRUCE CREEK BLVD E					82	Street A	ddress (P.O. Box Number is Not Acceptable)			***
DAYTONA BCH 32124					83		The state of the s	-		Sale.
2						-		85 4	Zip Co	nde .
					84	' '	orporation submits this statement for the purpose of	. -	•	
agent. I a SIGNATURE	m familiar with, and accept the obligation of th	nions or, se	300011 607.0303, 1 1	Olida Stati	1103.	•	ation's board of directors. I hereby accept the appoi			<u>. ***</u> .
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PDS		☐ DELETE	1.1 TO	LΕ			Char	nge	☐ Addition
NAME	SPOTTEK, ROBERT F			1.2 N/	WE	1				
STREET ADDRESS	1896 SPRUCE CREEK BLVD E					TADDRESS				
CITY-ST-ZIP	DAYTONA BCH FL	***	□ ad: ere	1.4 CI		T-ZIP		☐ Chai	DOB	Addition
TITLE			DELETE	2.1 TI					-gc	
NAME				2.2 N						
STREET ADDRESS	·					TADDRESS				
CITY-ST-ZIP			☐ DELETE	2.4 C 3.1 Π		ST-ZIP		☐ Cha	nge	Addition
TITLE		•		3.2 N						
NAME			_			T ADDRESS	,			
STREET ADDRESS	'					ST-ZIP		, ,	·	1 4 7 1 4
TITLE			☐ DELETE	4,1 TI				Cha	inge	· 🔲 Addition
NAME				4, 2 N	AME	-			-	
STREET ADDRESS				4.3 S	TREE	T ADDRESS				
CITY-ST-ZIP	·	. ; !		4.4 C	TY-S	T-ZIP			·	☐ A 34161
TITLE			☐ DELETE	5.1 TI				☐ Cha	шãе	☐ Addition
NAME				5.2 N						
STREET ADDRESS	3			- 1		T ADORESS				
CITY-ST-ZIP						ST-ZIP		☐ Cha	anne	☐ Addition
TITLE			☐ DELETE	6.1 Ti 6.2 N					yo	(
NAME						T ADORESS				

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 03, 1999 8:00am

Secretary of State

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