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 # M68117

R REALTY CORPORATION

Principal Place of Business		Mailing Address				i ifficate ith fitht falle ilear iin.			1017 67071 1001		
% PAUL R. RUTLEDE		% PAUL R. RUTLEDE					• •				
3048 N.W. 26TH AVE. 3048 N.W. 26TH AVE. BOCA RATON FL 33434 BOCA RATON FL 33434							DO NOT WRITE	IN THIS	SPACE		
			TUT				3. Date Incorporated or Qualifed				
							02/08/1988				
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			4.	FEI Number		Ар	plied For	
21		26					65-0042806		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Certifcate of Status Desired		\$8.75 A	,		
22		27						Fee Re			
City & State		City & State			6.	Election Campaign Financing		\$5.00			
23		28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip		untry		8.	This corporation owes the current	it year Inta	angible Yes	□No	
24	25	29	30	_			Personal Property Tax. Name and Address of New Re	gistered /			
	9. Name and Address of Curr	ent Registered Agent	_	81	Name	10.	. Haire and Address of frem No.	giotorica	190		
RUT	LEDGE, PAUL R			Ľ.							
	N.W. 26TH AVE.			82 Street Address (P.O. Box Number i			P.O. Box Number is Not Acceptable	le) _,			
	A RATON FL 33434			83						· · · · · · · · · · · · · · · · · · ·	
200											
				84	City			FL	85 Zip (Code	
office or I	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change gations of, Section 607.050	was authorize	a by tutes	tne corpoi	ration s b	oard of directors. I hereby accept	the appoin	itment as re	gistered —	
42	Signature, typed or printed name of registered a	AND DIRECTORS	(NOTE: Registere		it signature rec		ADDITIONS/CHANGES TO OFFI		D DIRECTO	RS IN 12	
TITLE	P	DELE			$ \top$	-			☐ Change	☐ Addition	
NAME	RUTLEDGE, PAUL R		1.2 N	IAME							
STREET ADDRESS	3048 N.W. 26TH AVE.		1.3 S	TREE	ADDRESS						
CITY-ST-ZIP	BOCA RATON FL		1.4 0	CITY-S	T-ZIP						
TITLE	VP	☐ DELE	TE 2.1 T	ITLE					☐ Change	☐ Addition	
NAME	RUTLEDGE, DONNA P		2.2 N	IAME	- 1		•				
STREET ADDRESS	DOLO MINE COTTLE AVE		2.3 9	TREE	ADDRESS					İ	
CITY-ST-ZIP	BOCA RATON FL		2.4	CITY-S	ST-ZIP					·	
TITLE		DELE	TE 3.1 T	TLE					☐ Change	Addition	
NAME			3.2 N	IAME							
STREET ADDRESS			3.3 9	TREE	TADDRESS						
CITY-ST-ZIP			3.4.	CITY-S	ST-ZIP						
TITLE		☐ DELE	TE 4.1 T	TTLE	İ		•		Change	☐ Addition	
NAME			4. 21	NAME							
STREET ADDRESS			4.3 9	TREE	TADDRESS						
CITY-ST-ZIP				CITY-S	T-ZIP					FT Addition	
TITLE		☐ DELE		TITLE					Change	Addition '	
NAME				NAME			•				
STREET ADDRESS			i i		TADDRESS					Ţ	
CITY-ST-ZIP		F1 = 4.		OTY-S	T-ZIP				Change	☐ Addition	
TITLE		☐ DELE					•		change		
NAME			1	VAME						•	
STREET ADDRESS	.)		6.3 8	IREE	TADDRESS						

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:

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90048 026 ***150.00