

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortman Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M77666 (9)**  
 1. Corporation Name  
**REALTY REFERRAL GROUP, INC.**

Principal Place of Business <b>2429 U.S. ALTERNATE 19 NORTH                  PALM HARBOR FL 34683</b>	Mailing Address <b>2429 U.S. ALTERNATE 19 NORTH                  PALM HARBOR FL 34683</b>
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**APPROVED AND FILED**

MAY 11 AM 11:06

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21	26	59-2887034	08/12/1994
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
24	25	29	30
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BRELIANT, EDWARD                  3134 HARVEST MOON DRIVE                  PALM HARBOR FL 34683</b>	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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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 607.0502, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1. TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRELIANT, EDWARD	2. NAME	Marilyn Tracy
STREET ADDRESS	2429 US ALTERNATE 19 NO.	3. STREET ADDRESS	2860 Briarwood
CITY, ST, ZIP	PALM HARBOR FL	4. CITY, ST, ZIP	Palm Harbor, FL 34683
TITLE	VSD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRELIANT, RUTH	22. NAME	
STREET ADDRESS	2429 US ALTERNATE 19 NO.	23. STREET ADDRESS	
CITY, ST, ZIP	PALM HARBOR FL	24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report, registration, appointment is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an authorized officer or director of the corporation in the State of Florida and am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, Block 13 if I am listed, or on an addition form with an address.

SIGNATURE:  Edward Breliant 4/26/95 (813) 785-7408