

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M77666 (9)

1. Corporation Name

REALTY REFERRAL GROUP, INC.



Principal Place of Business

Mailing Address

**2429 U.S. ALTERNATE 19 NORTH
PALM HARBOR FL 34683**

**2429 U.S. ALTERNATE 19 NORTH
PALM HARBOR FL 34683**

2. Principal Place of Business

2a. Mailing Address

21 **3454 TAMPA RD.**
Suite, Apt. # etc.

26 **3454 TAMPA RD**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **PALM HARBOR, FL**
Zip Country

28 **PALM HARBOR, FL**
Zip Country

24 **34684** 25

29 **34684** 30

3. Date Incorporated or Qualified

04/22/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2887034

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

9. Name and Address of Current Registered Agent

**BRELIANT, EDWARD
3134 HARVEST MOON DRIVE
PALM HARBOR FL 34683**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 in block (check appropriate) (Type in block)

(Print) Registered Agent's signature required when reinstating

Date

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **PTD BRELIANT, EDWARD**
STREET ADDRESS **2429 US ALTERNATE 19 NO.**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE DELETE
NAME **VSD BRELIANT, RUTH**
STREET ADDRESS **2429 US ALTERNATE 19 NO.**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE DELETE
NAME **VD MARILYN TRACY**
STREET ADDRESS **2860 BRAIRWOOD**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS **3454 TAMPA RD.**
14 CITY-ST-ZIP **PALM HARBOR, FL 34684**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS **3454 TAMPA RD.**
24 CITY-ST-ZIP **PALM HARBOR, FL 34684**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96

813-781-3700

CR2E034 (3/96)