

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # M80746

1. Corporation Name
AREA ONE REALTY SERVICES, INC.

Principal Place of Business
**997 W. KENNEDY BLVD.
25
ORLANDO FL 32810
US**

Mailing Address
**P O BOX 608122
ORLANDO FL 32860
US**

2. Principal Place of Business
21 647 BRYN MAWR ST.

2a. Mailing Address
26 PO Box 540238

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
ORLANDO, FL

28 City & State
ORLANDO, FL

24 Zip
32804

25 Country
USA

29 Zip
32854

30 Country
USA

9. Name and Address of Current Registered Agent
**BEHN, JEROME G.
997 W KENNEDY BLVD
STE 25A
ORLANDO FL 32810**

10. Name and Address of New Registered Agent
**81 Name
BEHN, JEROME G.
82 Street Address (P.O. Box Number is Not Acceptable)
647 BRYN MAWR ST.
83
84 City
ORLANDO, FL
85 Zip Code
32804**

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 _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | PD | 1.1 TITLE | |
| NAME | BEHN, JEROME G. | 1.2 NAME | |
| STREET ADDRESS | 222 S. WESTMONTE DR., SUITE 210 | 1.3 STREET ADDRESS | |
| CITY-STATE-ZIP | ALTAMONTE SPRINGS FL 32714 | 1.4 CITY-STATE-ZIP | |
| TITLE | VP | 2.1 TITLE | |
| NAME | MCCUE, EDWARD R., JR. | 2.2 NAME | |
| STREET ADDRESS | 222 S. WESTMONTE DR., SUITE 210 | 2.3 STREET ADDRESS | |
| CITY-STATE-ZIP | ALTAMONTE SPRINGS FL 32714 | 2.4 CITY-STATE-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 3.4 CITY-STATE-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 4.4 CITY-STATE-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 5.4 CITY-STATE-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

4. 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.

SIGNATURE: Jerome G. Behn Jerome G. Behn 7/4/99 (407) 649-1633
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #

FILED
99 AUG -4 PM 3: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/13/1988

4. FEI Number
59-2889942

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 owes the current year Intangible Personal Property ☐ Yes ☒ No

0016508

CR2E034 (5/99)