FILE NOW: FILING FEE IS \$61.25

Mailing Address

200 NE oc et

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

200 ME OS ST



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N97000004093 (7) **DOCUMENT**

THE REAL PROPERTY INSTITUTE, INC.

MAMI SHORES FL 33138	SUITE 2		SUITE 2			3. Date incorporated or Qualified	
2. Principal Piace of Business 2a. Mailing Address 3		33138				07/18/1997	
2. Principal Place of Business 2. Mailing Address 2. Certificate of Status Desired \$8.75 Additional Fee Required 5. Certificate of Status Desired \$5.00 May Be Added to Fees 5.00 May Be							
Sulfe, Apt. #, 8fc. Sulfe, Apt. #, 8fc. Sulfe, Apt. #, etc. Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Added to Fees Trust Fund Contribution Buttler, LOIS To New earth Address of Current Registered Agent Buttler, LOIS To New 96th ST MAMI SHORES FL 33138 Bay Street Address (P.O. Box Number is Not Acceptable) The Fundamin to the provisions of Sections 617,0502 and 617,1508, Florida Statuties, the above named corporation submitte this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 617,0503, Florida Statuties, the above named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 617,0503, Florida Statuties. SIGNATURE Supraum. Intered or presistent agent and short ill applicable (NOTE Registered Agent signature recarded when remarking) OFFICERS AND DIRECTORS The Buttler, LOIS OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D CHRISTIANS OARRELL N 18 STREET ADDRESS CUTY-ST-2IP MAMI SHORES FL 33138 DELETE J STREET ADDRESS CUTY-ST-2IP MAMI SHORES FL 33034 DELETE J STREET ADDRESS THANKE J STREET ADDRESS THANKE J STREET ADDRESS THANKE J Change Addition Ad						3/-44d488 Not Applica	
Sulte, Apt. #, etc. Sulte, Apt. #, etc.	2. Principal Place	of Business	2a. Mailing Address			5 Cartificate of Status Desired S8.75 Additional	
City & State City & State City & State City & State Trust Fund Contribution Added to Fees Added	21		26				
City & State Country Cou	Suite, Apt. #, et	c.	Suite, Apt. #, etc.				
28	22					Trust Fund Contribution Added to Fees	
Zip	City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
8. Name and Address of Current Registered Agent BUTLER, LOIS 700 NE 96TH ST MIAMI SHORES FL 33138 10. Name and Address of New Registered Agent BUTLER, LOIS 700 NE 96TH ST MIAMI SHORES FL 33138 10. Name and Address of New Registered Agent BY Street Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, a manual registered agent, and the provisions of Section 617.0503, Florida Statutos. SIGNATURE By Street Address (P.O. Box Number is Not Acceptable) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DUTLER, LOIS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DUTLER, LOIS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DUTLER, LOIS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DUTLER, LOIS 12. CHANGE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DUTLER, LOIS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DUTLER, LOIS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Change Addition Addition Addition SIREET ADDRESS DITY- ST- ZIP TITLE DUTLER, EVERETT 3.1 TITLE 1.1 TITLE 1.2 NAME 3.2 STREET ADDRESS HOMESTEADER 33034 1.4 CITY- ST- ZIP 1.5 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Change Addition Addition Addition Addition Addition Addition AMME ALLIE, EVERETT 3.1 TITLE 1.1 TITLE 1.1 TITLE 1.2 CHANGE 3.3 STREET ADDRESS BITY- ST- ZIP 1.4 AUDERDALE FL 33034 1.4 CITY- ST- ZIP 1.4 AUDERDALE FL 3303	23					Yes No	
BUTLER, LOIS 700 NE 99TH ST MIAMI SHORES FL 33138 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if Applicable (HOTE: Registered Agent signature required when reinteting) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D	Zip	Country	Zip	Co	untry		
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BUTLER, LOIS 700 NE 96TH ST MIAMI SHORES FL 33138 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tike if applicable OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE BUTLER, LOIS STREET ADDRESS CITY-ST-ZIP MIAMI SHORES FL 33138 1.4 CITY-ST-ZIP DELETE 2.1 TITLE DELETE 3.1 TITLE	0.	Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 City-St-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZiP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

04/20/10

Change

Change

Addition

Addition

FILED

Jul 16 1998 8:00am

Secretary of State