## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9800005946

1. Corporation Name

REALITY COMMUNITY AFFAIRS, INC.

Principal Place of Business

Mailing Address

13255 S.W. 137TH AVE..STE.108 MIAMI FL 33186

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## **FILED** May 06, 1999 8:00 am \$ Secretary of State

05-06-1999 90071 024 \*\*\*\*61.25

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|------|------|--|
|      |      |  |

501312 - 90071 - 24

| 2. Principal Place of Business |  | 2a. Mailing Address                               |                | 3. Date incorporated or Qualifed 10/16/1998 |   |                             |              |
|--------------------------------|--|---|----------------|---|---|-----------------------------|--------------|
| 21 Suito Ant                   | # ata  | Suite, Apt. #, etc.                               |                |   | 4. FEI Number   |                             | pplied For   |
| Suite, Apt. #, etc.            |  | 27  |                | 65-0866030                                  |   | lot Applicable              |              |
| City & Sta                     | ato.   | City & State                                      |                |   |   | \$8.75                      | Additional   |
|                                | ile  | 28  |                |   | 5. Certifcate of Status Desired   | 7                           | Required     |
| Zip                            | Country  | Zip   | Countr         | v   | 6. Election Campaign Financing  | \$5.00                      | May Be       |
| <u> </u>                       | 25   | _ <del>                                    </del> | 10             | ,   | Trust Fund Contribution   |                             | to Fees      |
| 24                             | 9. Name and Address of Current   |   | <del></del>    |   | 10. Name and Address of New Registered  | Agent                       |              |
|                                |  |   | 81             | Name  |   |                             | -            |
| 114550                         | DEDODAN  |   |                |   | (C. C. C. M. A. C. C. M. A. C. C. C. M. A. C. |                             | <del></del>  |
|                                | DEBORAH  |   | 82 Street Add  |   | ess (P.O. Box Number is Not Acceptable)   |                             |              |
|                                | W. 137TH AVE.,STE.108  |   | 83             | <del></del>                                 |   |                             |              |
| miami fl                       | . 33186  |   |                |   |   | <del></del>                 |              |
|                                |  |   | 84             | City  | FI  | 85   Zip                    | Code         |
|                                |  | 047.4500 Fig. 4- 54-4-4-                          | the etc.       | to named com                                | oration submits this statement for the purpose 0                                  | <u>■  </u><br>f changing if | s registered |
| office or                      | t to the provisions of Sections 617.0002<br>registered agent, or both, in the State of<br>am familiar with, and accept the obligat | of Florida. Such change was auti                  | honžed by      | / the corporatio                            | on's board of directors. I hereby accept the appo                                 | intment as r                | egistered    |
| SIGNATURE                      |  |   |                |   | d when reinstating) DATE  |                             | <del></del>  |
| 40                             | Signature, typed or printed name of registered agen  |   | Registered Age | ent signatura required                      | ADDITIONS/CHANGES TO OFFICERS A   | NO DIRECT                   | ORS IN 12    |
| 12.                            | OFFICERS AN  | D DIRECTORS  DELETE                               | 1.1 TITLE      | <del></del>                                 | 7,5511.611.6  | Change                      |              |
| TITLE                          | DP ADDITIONS ADDITIONS   |   |                |   |   |                             | —            |
| NAME                           | SIMMONS, ARCHIE E  |   | 1.2 NAME       |   |   |                             |              |
| STREET ADDRESS                 | 1  |   |                | ET ADDRESS                                  |   |                             |              |
| CITY-ST-ZIP                    | SAVANNAH GA 33186  | El acter  | 1.4 CITY-      | ST-ZIP                                      |   | ☐ Change                    | Addition     |
| TITLE                          | DS   | ☐ DELETE  | 2.1 TITLE      | - (   |   | C) Griange                  | Addition     |
| NAME                           | SCOTT; DAVID   |   | 2.2 NAME       |   |   |                             |              |
| STREET ADDRESS                 | s 1700. LAURANCEGE WAY   |   | 2.3 STRE       | ET ADORESS                                  |   |                             |              |
| CITY-ST-ZIP                    | RIVERDALE FL 30296   |   | 2. 4 CITY-     | ST-ZIP                                      |   |                             |              |
| TITLE                          | TD   | ☐ DELETE  | 3.1 TITLE      |   |   | Change                      | Addition     |
| NAME                           | SIMMONS, JESSICA L   |   | 3.2 NAME       |   |   |                             |              |
| STREET ADDRESS                 | s 1315 E. HENRY ST.  |   | 3.3 STREI      | ET ADDRESS                                  |   |                             |              |
| CITY-ST-ZIP                    | SAVANNAH GA 33186  |   | 3.4. CITY-     | ST-ZIP                                      |   |                             |              |
| TITLE                          |  | ☐ DELETE  | 4.1 TITLE      |   |   | ☐ Change                    | Addition     |
| NAME                           |  |   | 4. 2 NAME      | <u>.</u> 1                                  |   |                             |              |
| STREET ADDRESS                 | s  |   | 4.3 STRE       | ET ADDRESS                                  |   |                             |              |
| CITY-ST-ZIP                    |  |   | 4.4 CITY-      |   |   |                             |              |
| TITLE                          |  | ☐ DELETE  | 5.1 TITLE      |   |   | Change                      | Addition     |
| NAME                           |  | <del>_</del>                                      | 5.2 NAME       |   |   |                             |              |
|                                | _ ا  |   | 5.3 STRE       | ET ADDRESS                                  |   |                             |              |
| STREET ADDRESS                 | 5  |   | 5.4 CITY-      |   |   |                             |              |
| CITY-ST-ZIP                    | <del> </del>   | □ D£LETE  | 6.1 TITLE      |   |   | [ ] Change                  | Addition     |
| TITLE                          |  |   | 6.2 NAME       |   |   | G1.03.19C                   |              |
| NAME                           |  |   |                | - 1   |   |                             |              |
| STREET ADDRESS                 | s .  |   | 6.3 STRE       | ET ADDRESS                                  |   |                             |              |

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Thesident 23 Mar 99