

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P12325** (7)
1. Corporation Name
REALTY WORLD REGIONAL OPERATIONS CORPORATION

Principal Place of Business Mailing Address
3030 OLD RANCH PKWY #190 SEAL BEACH CA 90740 **3030 OLD RANCH PKWY #190 SEAL BEACH CA 90740**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/02/1986** 3a. Date of Last Report **03/11/1994**

4. FEI Number **54-1193089** 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

2. Principal Place of Business 2a. Mailing Address
21 **18500 VON KARMAN AVE.** 26 **18500 VON KARMAN AVE.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 100** 27 **SUITE 100**
City & State City & State
23 **IRVINE, CA** 28 **IRVINE, CA**
Zip Country Zip Country
24 **92715** 25 **ORANGE** 29 **92715** 30 **ORANGE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **DYMONT, ROBERT D**
STREET ADDRESS **3030 OLD RANCH PKWY #190**
CITY-ST-ZIP **SEAL BEACH CA 90740**

TITLE **SD**
NAME **CORRIGAN-CARR, YVONNE**
STREET ADDRESS **3030 OLD RANCH PKWY #190**
CITY-ST-ZIP **SEAL BEACH CA 90740**

TITLE **T**
NAME **COLSTON, MARY M.**
STREET ADDRESS **3030 OLD RANCH P KWY #190**
CITY-ST-ZIP **SEAL BEACH CA 90740**

TITLE **D**
NAME **DEAL, ROBERT**
STREET ADDRESS **3030 OLD RANCH PKWY #190**
CITY-ST-ZIP **SEAL BEACH CA 90740**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **AD** ☒ Change ☐ Addition
12 NAME **DYMONT, ROBERT D**
13 STREET ADDRESS **18500 VON KARMAN AVE. SUITE 100**
14 CITY-ST-ZIP **IRVINE, CA 92715**

21 TITLE **V/S/D** ☒ Change ☐ Addition
22 NAME **CORRIGAN-CARR, YVONNE**
23 STREET ADDRESS **18500 VON KARMAN AVE. SUITE 100**
24 CITY-ST-ZIP **IRVINE, CA 92715**

31 TITLE **T** ☒ Change ☐ Addition
32 NAME **COLSTON, MARY M.**
33 STREET ADDRESS **18500 VON KARMAN AVE., SUITE 100**
34 CITY-ST-ZIP **IRVINE, CA 92715**

41 TITLE **N/A** ☒ 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary M. Colston* **Mary M. Colston Treasurer** 1/24/95 (711) 251-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR