FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P9300002922 (1)

FILED Feb 10 1998 8:00am Secretary of State

RETIREMENT REALTY CORP.					. ABIJA 14878 1848 (1818 1181 1881
Principal Plac	e of Business	Mailing Address			
3501 CANDLEBERRY COURT BONITA SPRINGS FL 34134 US		3501 CANDLEBERRY CT BONITA SPRINGS FL 34134 US		DO NOT WRITE IN THIS SPACE	
f				3. Date Incorporated or Qualified	
				01/08/1993	
⊢	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0377939	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζıp	Country	Z(p	Country	This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
ļ	9. Name and Address of Curre	nt Registered Agent	041 14	10. Name and Address of New Register	red Agent
	TNICK, EDWARD		B1 Name		
3501 CANDLEBERRY CT BONITA SPRINGS FL 34134			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
			ļ		
]			83		
			84 City		85 Zip Code
					- L
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the above-named corpora	poration submits this statement for the purpose	se of changing its registered
agent la	am familiar with and account he oblig	nations of Soction 607.0505, F	orida Statutes.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE		COURSE MITH	TE - PROSTOR	5- 5/7 3-1	
	Signature good or printed name of registered ag		IL: Rugistered Agent signature requ		TE TOPO IT I
12.	OFFICERS AN	AD DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	MITHION FOWADO		1.1 TITLE		Change — Addition
NAME	MITNICK, EDWARD		1.2 NAME		
STREET ADORESS	3501 CANDLEBERRY CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE		_ better	21 TITLE		Charge C Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE		["] retrit	3.1 TITLE 3.2 NAME		TI OHOUNG TI VOOR(OH)
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
					ļ
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		_ Section	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
1			are a united MDOMESS		
CITY-ST-ZIP TITLE			5.4 City, CT. 7/D		1
1		DELETE	5.4 CITY - ST - ZIP		Change Addition
NAME		DELETE	6.1 TITLE	and was derived the second of	☐ Change ☐ Addition
NAME CTOCCT ADDRESS		DELETÉ	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		DELETE	6.1 TITLE		Change Addition

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 suppliemental arrival 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 our an attrachment with an address.

SIGNATURE:

941-498-6681