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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 16 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1	N REALTY INTERNATIONA	• •			I IRANIARI IIA HIIAA IIIAH AAHK ORKH ABAK ORKU	1 0
Principal Place of Business Mailing Address						
2033 MAIN ST 2033 MAIN ST						
STE 400 STE 400						
SARASOTA FL 34237 SARASOTA FL 34237				DO NOT WRITE IN THIS SPACE		S SPACE
					3. Date Incorporated or Qualified	
2. Principal Place of Business 2e. Mailing Address					03/15/1993 4. FEI Number	Applied For
21		26		65-0409257	Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Sta	ite	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country 28			Zip Country		Trust Fund Contribution	Added to Fees
24	25 29		30	y	 This corporation owes or has paid the c Personal Property Tax due June 30. 	urrent year Intangible No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	
H	ANKIN, LAWRENCE M		81	Name		
2033 MAIN ST			82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
STE 400						·
SARAŠOTA FL 34237			83	3		
				City		85 Zip Code
11 Department to the provisions of Continue COT OF CO. and COT AFOO Florida Only in the				to nomed an	F	
office or agent. I a SIGNATURE	registered agent, or both, in the Stammfamiliar with, and accept the ob-				orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as registered
12.		AND DIRECTORS	13.	gent signature rec	Quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTORS IN 12
TITLE	P DELETE		1.1 TITLE		ADDITIONO/OF WINDERFORD AT	Change Addition
NAME	OHMAN, NELSON P		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-ST-ZIP			1.4 CITY	ST-ZIP		
TITLE	2*		2.1 TITLE			☐ Change ☐ Addition
NAME			22 NAME			
STREET ADDRESS 2033 MAIN STREET, SUITE 400				T ADDRESS		
CITY-ST-ZIP TITLE				ST-ZIP		Change Addition
NAME	MANUALED DETER		3.1 TITLE 3.2 NAME			C Change C Applicat
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP SARASOTA FL			3.4. CITY-			
TITLE	DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS	REET ADDRESS		4.3 STREE	T ADDRESS		:
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			ST - ZIP		
TITLE	_		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			- E	T ADDRESS		
CITY-ST-ZIP TITLE			5.4 CITY - 5 6.1 TITLE	S1-ZIP		Change Addition
NAME		_ orest	6.2 NAME	İ		L Charge L Noviton
STREET ADDRESS				ADDRESS		
CITY-ST-7/P				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, impowered 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 artischment with the information indicated 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, impowered 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 artischment of the corporation of the corporation of the corporation of the receiver or trustee.