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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000032519 (9)

1. Corporation Name

REAL PROPERTY ENTERPRISES, INC.



Principal Place of Business

Mailing Address

2124 WHISPER LAKES BOULEVARD  
ORLANDO FL 32837

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ORLANDO FL 32837

3. Date Incorporated or Qualified  
05/05/1993

3a. Date of Last Report  
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSWALD, KENNETH F  
600 COURTLAND STREET  
SUITE 110  
ORLANDO FL 32804

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ DELETE

1. 1 TITLE ☒ Change ☐ Addition

NAME  
OSWALD, KENNETH F  
STREET ADDRESS  
3235 TOMAHAWK DR  
CITY-ST-ZIP  
KISSIMMEE FL

1. 2 NAME  
Robert kaplus  
1. 3 STREET ADDRESS  
3235 Tomahawk Drive  
1. 4 CITY-ST-ZIP  
Kissimmee, FL 33131

2. 1 TITLE ☐ DELETE

2. 1 TITLE ☐ Change ☐ Addition

NAME  
CHARRON, ALAN C  
STREET ADDRESS  
2124 WHISPER LAKES BLVD  
CITY-ST-ZIP  
ORLANDO FL

3. 1 TITLE ☐ DELETE

3. 1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

4. 2 NAME

4. 3 STREET ADDRESS

4. 4 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

5. 2 NAME

5. 3 STREET ADDRESS

5. 4 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition

6. 2 NAME

6. 3 STREET ADDRESS

6. 4 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)