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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

| 1 | MENT # P9300 'S REFERRAL REALTY, IN | | | | |
|---|---|--|------------------------------------|---|-----------------------------------|
| Principal Place | of Business | Mailing Address | | { | 0 |
| 25949 U.S. HWY. 19 NORTH CLEARWATER FL 34623 | | 25949 U.S. HWY. 19 NOR CLEARWATER FL 34623— | | | |
| | | | | DO NOT WRITE IN TH | IS SPACE |
| | | | | 3. Date Incorporated or Qualified 06/23/1993 | |
| 2. Principal Pl | ac e o l Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0431586 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | Election Campaign Financing | |
| 23 | | 28 | | Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 337 | Country | 29 33763 | Country 30 | This corporation owes or has paid the Personal Property Tax due June 30. | current year Intangible |
| 27, 50, | 9. Name and Address of Curre | | 501 | 10. Name and Address of New Registers | |
| ВО | RNEMANN, WILLIAM | | 81 Name | | |
| 25949 US HWY 19 N | | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable) | |
| l cu | EARWATER FL 84823- | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | F | ' = .f., / 6 { |
| SIGNATURE | Si gnature Typicifor printed name of referenced by | | Registered Agent's gnature requir | coration submits this statement for the purpose ion's board of directors. I hereby accept the a ed when renstating) Date ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | P | DELETE | 1.1 TITLE | 1.000 | Change Addition |
| NAME | BORNEMANN, WILLIAM 4333 FALL BROOK BLVD | | 1.2 NAME | | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | |
| CITY - ST - ZIP | PALM HARBOR FL | T DELETE | 1.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME STREET ADDRESS | | | 2.2 NAME 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 2 4 CITY-ST-ZIP | | |
| TIFLE | | DELETE | 31 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | / |
| CITY-ST-ZIP | | | 3.4. CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TOLE | | Change Addition |
| NAME | | | 4. 2 NAME | | $\sqrt{2}/12$ |
| STREET ADDRESS CITY-ST-ZIP | | | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | 11/1/1/1/ |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST- ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | 9000026021 -07/30/9801007 | . E3 |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | -U1/38/3801981 ***150 00 | n 20 |

14. Thereby 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 early 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 for on an attachment with an address.

7-17-42

FILED

Jul 22 1998 8:00am

Secretary of State

T. Samantha Chechele, Attorney at Law

T.S. CHECHELE, D.A.

Gage 2

July 17, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Agent's Referral Realty, Inc.

Dear Sir or Madam

Enclosed is the corporate annual report for the above-referenced corporation, along with a check in the amount of \$150.00, to cover filing fees.

We respectfully request that you accept this payment as payment in full of the 1998 fee. The forms were not initially received at the business location, and the filing deadline was inadvertently missed. The corporation went through several personnel changes during the filing period. The person who normally takes care of the filing is no longer with the company, and the replacement individual was not aware, and did not know to request a replacement form.

Payment of the additional penalty will represent a tremendous financial hardship to this business, and we would appreciate your allowing them to pay the original fee this time. They will not ask for this consideration again in the future.

T. Sanzantha Chechele

Very truly/yours.

cc:/Agent's Referral Realty, Inc.