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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000054247 (0)

1. Corporation Name
REAL ESTATE SERVICES OF SOUTH FLORIDA, INC.



Principal Place of Business

2701 WEST OAKLAND PARK BLVD.
#414
FT. LAUDERDALE FL 33311

Mailing Address

2701 WEST OAKLAND PARK BLVD.
#414
FT. LAUDERDALE FL 33311-1363

3. Date Incorporated or Qualified
07/26/1993

3a. Date of Last Report
10/03/1996

4. FEI Number
65-0426594

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

21 2701 WEST OAKLAND PARK BLVD

Suite, Apt. #, etc.

22 # 210

City & State

23 FT LAUDERDALE FL

Zip

33311

Country

USA

2a. Mailing Address

26 2701 WEST OAKLAND PARK BLVD

Suite, Apt. #, etc.

27

City & State

28 FT LAUDERDALE FL

Zip

33311

Country

USA

9. Name and Address of Current Registered Agent

BOWES, SANDRA L
2701 WEST OAKLAND PARK BLVD.
210
FT. LAUDERDALE FL 33311

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE PD
NAME BOWES, SANDRA L
STREET ADDRESS 2701 WEST OAKLAND PARK BLVD., #414
CITY-ST-ZIP FT. LAUDERDALE FL 33311

DELETE

TITLE PD
NAME Michael G. REGAS
STREET ADDRESS 2109A 3015 N. Ocean Blvd
CITY-ST-ZIP Ft Lauderdale FL 33308

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97

954-561-1959

Date

Daytime Phone #

0000007

CR2E034 (9/96)