

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Nancy B. Workman
Secretary of State
CORPORATE FILINGS DIVISION

APPROVED
AND
FILED

MAY 1 1995 3:47
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000066849 (9)**

1. Corporation Name:

MASTER REAL ESTATE SERVICES INC.

(DO NOT WRITE IN THIS SPACE)

Principal Place of Business: **800 OFFICE PLAZA BLVD.
STE. 402
KISSIMMEE FL 34744**
Mailing Address: **800 OFFICE PLAZA BLVD.
STE. 402
KISSIMMEE FL 34744**

3. Date incorporated or qualified: **09/21/1993** 3a. Date of last report: **05/24/1994**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

4. FEI Number: **APPLIED FOR 59-3240298** Applied for: ☒ Not Applicable: ☐

22. State of incorporation: **27**

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

23. City and State: **28**

6. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

24. Zip: **25** 29. Zip: **30**

8. This corporation has liability for intangible tax under S. 190.032 Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**RICHARD M. RYBOLT,
800 OFFICE PLAZA BLVD.
STE. 402
KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent

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 law from 1972, 1973 and 1978, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. It is to be noted that any change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am further willing to accept this duty until I have been relieved by the Florida Statutes.

Signature:

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS, IF ANY

1. NAME: RICHARD M. RYBOLT, 2. STREET ADDRESS: 800 OFFICE PLAZA BLVD. ST. 402 3. CITY: KISSIMMEE FL 34744	1. NAME: ☐ Change ☐ Addition
4. NAME: ☐ Change ☐ Addition	5. NAME: ☐ Change ☐ Addition
6. NAME: ☐ Change ☐ Addition	7. NAME: ☐ Change ☐ Addition
8. NAME: ☐ Change ☐ Addition	9. NAME: ☐ Change ☐ Addition
10. NAME: ☐ Change ☐ Addition	11. NAME: ☐ Change ☐ Addition
12. NAME: ☐ Change ☐ Addition	13. NAME: ☐ Change ☐ Addition
14. NAME: ☐ Change ☐ Addition	15. NAME: ☐ Change ☐ Addition
16. NAME: ☐ Change ☐ Addition	17. NAME: ☐ Change ☐ Addition
18. NAME: ☐ Change ☐ Addition	19. NAME: ☐ Change ☐ Addition
20. NAME: ☐ Change ☐ Addition	21. NAME: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 1972, 1973 and 1978, Florida Statutes. I further certify that the information is correct for the annual report of supplemental annual report, true and accurate and that my signature shall have the same legal effect as if made under oath. That I am president or owner of the corporation or the person or persons empowered by me to file this report as required by Chapter 67, Florida Statutes and that my name appears in Block 12 of Block 13 of this report or on an attachment with an address.

SIGNATURE:

Richard Rybolt
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR