FILING FEE AT THIS TIME IS $275.00

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # P93000066849 (9)

1. Corporation Name

MASTER REAL ESTATE SERVICES INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1993
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business
21: 1633 E. Vine St.
Suite, Apt. #, etc. 22: Suite #120
City & State 23: Kissimmee, Fl.
Zip 24: 34741 Country 25: U.S.A.

2a. Mailing Address
26: 1633 E. Vine ST.
Suite, Apt. #, etc. 27: Suite #120
City & State 28: Kissimmee, Fl.
Zip 29: 34741 Country 30:

4. FEI Number: APPLIED FOR 59-3240298 ☐ 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

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: John K. Schwartz
82 Street Address (P.O. Box Number is Not Acceptable): 3501 W.Vine St. #382
83: Suite #382
84 City: Kissimmee, FL 85 Zip Code: 34741

11. Pursuant to the provisions of Section [illegible] or registered agent, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state. The 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 607.325, Florida Statutes.

SIGNATURE: [signature] John K. Schwartz, Attorney At Law
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	11 TITLE: D ☒ Change ☐ Addition
NAME	RICHARD M. RYBOLT,	12 NAME: David B. Rooney
STREET ADDRESS	800 OFFICE PLAZA BLVD. ST. 402	13 STREET ADDRESS: 1633 E. Vine St.,Suite #120
CITY-ST-ZIP	KISSIMMEE FL 34744	14 CITY-ST-ZIP: Kissimmee, Fl. 34741
TITLE		21 TITLE: ☐ Change ☐ Addition
NAME		22 NAME:
STREET ADDRESS		23 STREET ADDRESS:
CITY-ST-ZIP		24 CITY-ST-ZIP:
TITLE		31 TITLE: ☐ Change ☐ Addition
NAME		32 NAME:
STREET ADDRESS		33 STREET ADDRESS:
CITY-ST-ZIP		34 CITY-ST-ZIP:
TITLE		41 TITLE: ☐ Change ☐ Addition
NAME		42 NAME:
STREET ADDRESS		43 STREET ADDRESS:
CITY-ST-ZIP		44 CITY-ST-ZIP:
TITLE		51 TITLE: ☐ Change ☐ Addition
NAME		52 NAME:
STREET ADDRESS		53 STREET ADDRESS:
CITY-ST-ZIP		54 CITY-ST-ZIP:
TITLE		61 TITLE: ☐ Change ☐ Addition
NAME		62 NAME:
STREET ADDRESS		63 STREET ADDRESS:
CITY-ST-ZIP		64 CITY-ST-ZIP:

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***200.00

14. I do hereby certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-96 CS 5/1/96
Date Signature