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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90002 015 ***450.00

DOCUMENT # P93000066849

1. Corporation Name

MASTER REAL ESTATE SERVICES INC.

Principal	Place	of	Business

Mailing Address

1633 E. VINE ST SUITE #120

1633 E. VINE ST SUITE #120



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Zip Code

MOGRANICE IE STATI		WOOMHEL I L OTT			ļ	DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualifed 09/21/1993	_	
2. Princ	ipal Place of Business	2a.	Mailing Address			4.	FEI Number		Applied For
21		26					59-3240298		Not Applicable
Suite	, Apt. #, etc.	27	Suite, Apt. #, etc.			5.	Certifcate of Status Desired		5 Additional Required
	& State	28	City & State			6.	Election Campaign Financing Trust Fund Contribution	•	00 May Be led to Fees
Zip 24	Country 25	29	Zip Cou	intry		8.	This corporation owes the current year Interest Personal Property Tax.	tangible Yes	□No
	9. Name and Address of Curre	nt Regis	itered Agent			10.	Name and Address of New Registered	Agent	
	SCHWARTZ, JOHN K 4119 NEPTUNE RD ST CLOUD FL 34769			81 82 83		s (P	P.O. Box Number is Not Acceptable)		

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

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agent. I a	n familiar with, and accept the obligations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE	: Registered Agent signature requir	red when reinstating) DATE	- }
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	D DELETE	1.1 TITLE	Change A	Addition
NAME	ROONEY, DAVID B	1.2 NAME		1
STREET ADDRESS	1633 E. VINE ST SUITE #120	1.3 STREET ADDRESS		İ
CITY-ST-ZIP	KISSIMMEE FL 34741	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ A	Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		İ
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE	☐ Change ☐ A	Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ A	Addition
NAME		4, 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ A	Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		İ
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ A	Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I 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 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #