

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 26 1996 8:00 am  
Secretary of State

DOCUMENT # P93000085493 (3)

1. Corporation Name  
REALTY CONSULTANTS, INC.



Principal Place of Business

13831 VECTOR AVE  
SUITE 105  
FT MYERS FL 33907

Mailing Address

13831 VECTOR AVE  
SUITE 105  
FT MYERS FL 33907

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>12/10/1993  | 3a. Date of Last Report<br>03/02/1995 |
| 4. FEI Number<br>65-0457264  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>  | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Zip                 |
| Country                        | Country             |
| 24                             | 25                  |
| 29                             | 30                  |

9. Name and Address of Current Registered Agent

ROOSA, RICHARD V  
1714 CAPE CORAL PKWY  
CAPE CORAL FL 33904

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 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           | PSD                                | <input checked="" type="checkbox"/> DELETE |
| NAME            | JOHNSON, A. KEITH                  |  |
| STREET ADDRESS  | 15771 WINDWARD WAY CIR., STE. 4201 |  |
| CITY - ST - ZIP | FT MYERS FL                        |  |
| TITLE           |                                    | <input type="checkbox"/> DELETE            |
| NAME            |                                    |  |
| STREET ADDRESS  |                                    |  |
| CITY - ST - ZIP |                                    |  |
| TITLE           |                                    | <input type="checkbox"/> DELETE            |
| NAME            |                                    |  |
| STREET ADDRESS  |                                    |  |
| CITY - ST - ZIP |                                    |  |
| TITLE           |                                    | <input type="checkbox"/> DELETE            |
| NAME            |                                    |  |
| STREET ADDRESS  |                                    |  |
| CITY - ST - ZIP |                                    |  |
| TITLE           |                                    | <input type="checkbox"/> DELETE            |
| NAME            |                                    |  |
| STREET ADDRESS  |                                    |  |
| CITY - ST - ZIP |                                    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                     |  |
|---------------------|---------------------|--|
| 1.1 TITLE           | PSD                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | BRIAN W. BISSELL    |  |
| 1.3 STREET ADDRESS  | 1682 S. MAYFAIR     |  |
| 1.4 CITY - ST - ZIP | FT. MYERS, FL 33919 |  |
| 2.1 TITLE           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                     |  |
| 2.3 STREET ADDRESS  |                     |  |
| 2.4 CITY - ST - ZIP |                     |  |
| 3.1 TITLE           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                     |  |
| 3.3 STREET ADDRESS  |                     |  |
| 3.4 CITY - ST - ZIP |                     |  |
| 4.1 TITLE           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                     |  |
| 4.3 STREET ADDRESS  |                     |  |
| 4.4 CITY - ST - ZIP |                     |  |
| 5.1 TITLE           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                     |  |
| 5.3 STREET ADDRESS  |                     |  |
| 5.4 CITY - ST - ZIP |                     |  |
| 6.1 TITLE           |                     | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: Brian W. Bissell BRIAN W. BISSELL 4/23/96 (941) 482-5112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)