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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000086456 (9)

RESULTS REALTY OF NORTHWEST FLORIDA, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Diago of Business										
Principal Place of Business Mailing Address										
PO BOX 309 FORT WALTON BEACH FL 32549				PO BOX 309 FORT WALTON BEACH FL 32549						
									DO NOT WRITE IN THIS SPACE	
									3. Date Incorporated or Qualified 12/17/1993	
ei [Principal P	lace of Busine	985	2a. Mailir	2e. Mailing Address				4. FEI Number Applied For	
21	21			26	26				59-3228300 Not Applicable	
Щ	Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22				27	4 . 4				Fee Required	
Щ	City & State	& State			City & State				6. Election Campaign Financing \$5.00 May Be	
23	76	28							Trust Fund Contribution	
_	Zip				Zip Country			•	8. This corporation owes or has paid the current year Intancible	
24					30				Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent 81 Name			
		USE, CRAIG				"	' ˈ	Maine		
10 RACETRACK ROAD NW FORT WALTON BEACH FL 32547							2	Street Add	clress (P.O. Box Number is Not Acceptable)	
	FUI	HI WALIUN	BEAUTI FL 3254	47						
						83	3			
						84	4	City	FL 85 Zip Code	
11	. Pursuant t	to the provisio	ns of Sections 607	.0502 and 607 150	8, Florida Statute	s, the abov	ve-r	named cor		
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, typod or printed name of registered agent and talk it applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12			OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIT	LE	D			DELETE	1.1 TITLE			☐ Change ☐ Addition	
NA	ME	Kruse, C				1.2 NAME				
STE	REET ADDRESS		track RD., NW			1.3 STREE	T AD	DDRESS	}	
CIT	Y-ST-ZIP	FT WALTO	ON BEACH FL 3	2547		1.4 CITY-	s1-2	ZIP		
TIT	LE				DELETE	2 1 TITLE			Change Addition	
NA	ME					2.2 NAME				
STE	REET ADDRESS					2.3 STREE	T AD	DDRESS		
CIT	Y-ST-ZIP					2. 4 CITY-	-st-	ZIP		
TIT	LE				☐ DELETE	3.1 TITLE			Change Addition	
NA	ME					3.2 NAME				
STE	REET ADDRESS					3.3 STREE	T AD	ODRESS		
CIT	Y-ST-ZIP					3.4. CITY -	· \$1-	ZIP		
TIT	LE				DELETE	4.1 TITLE			Change Addition	
NA	VÆ					4. 2 NAME	Ξ	ł		
STREET ADDRESS				4.3 ST		TAD	DORESS			
ÇIT	Y-ST-ZIP		······································			4.4 CITY -	ST-2	ZIP		
TIT	LE				☐ DELETE	5.1 TITLE	_		Change Addition	
NA	VIE .					5.2 NAME		1		
STF	EET ADORESS					5.3 STREE	T AD	ODRESS		
ÇIT	Y-ST-ZIP					5.4 CITY-	<u> </u>	ZIP		
TITI	.E				DELETE	6.1 TITLE			Change Addition	
NAI	ME					6.2 NAME				
STF	EET ADDRESS					6.3 STREE	T AO	DRESS		
CIT	Y-ST-ZIP					6.4 CITY-	ST - 2	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 ontain attriction with an address.