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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000045324 (8)

1. Corporation Name
REALTY ALTERNATIVES, INC.



Principal Place of Business

Mailing Address

~~6014 CORPORATE CT~~
~~FT. MYERS FL 33909~~
~~US~~

~~6314 CORPORATE CT~~
~~C~~
~~FT MYERS FL 33909~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 8192 COLLEGE PKWY STE 34
Suite, Apt. #, etc.

26 8192 COLLEGE PKWY STE 34
Suite, Apt. #, etc.

22 City & State

27 City & State

23 FORT MYERS FL
Zip Country

28 FORT MYERS FL
Zip Country

24 33909

25 LEE

29 33909

30 LEE

9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified
06/13/1994

3a. Date of Last Report
06/25/1996

4. FEI Number
65-0497834

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

RUBESTEIN, ANNA M
6314 CORPORATE COURT
FT. MYERS FL 33909

81 Name

RUBENSTEIN, ANNA M

82 Street Address (P.O. Box Number is Not Acceptable)

8192 COLLEGE PKWY, STE # 34

83

84 City

FT MYERS

FL

85 Zip Code

33909

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 D
NAME RUBENSTEIN, ANNA M
STREET ADDRESS 6314 CORPORATE CT, SUITE C
CITY-ST-ZIP FT. MYERS FL

☐ DELETE

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE RUBENSTEIN, ANNA M
1.2 NAME
1.3 STREET ADDRESS 8192 COLLEGE PKWY STE # 34
1.4 CITY-ST-ZIP FT MYERS, FL 33909

☒ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ 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 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 on an attachment with address.

SIGNATURE:

[Signature]

4/14/97

941-481-2121

CR2E034 (9/96)