## 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 # P94000051497 (3)

**OFFEANS-TITLE COMPANY** 

**FILED** Apr 28 1998 8:00am Secretary of State

ORLEA	THE REALTY SERVICE	es, the. N	Milliamo		
Principal Place	e of Business	Mailing Address			
16122 N FLORIDA AVE 16122 N FLORIDA AVE					
LUTZ FL 33549 LUTZ FL 33549				DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
				07/07/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
21		26		<b>59-3253458</b> Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			SR 75 Additional		
27			5. Certificate of Status Desired Fee Required		
City & State City & State			6. Election Campaign Financing \$5.00 May Be		
23		28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution Added to Fees	
Zip	Country	7)p	Country	This corporation owes or has paid the current year Intangible	
24	25	29 Segistered Agent	30	Personal Property Tax due June 30.  Yes  No  10. Name and Address of New Registered Agent	
PETCHE, MARK A ESQUIRE			1,0,110		
16122 N FLORIDA AVE LUTZ FL 33549			82 Street A	Address (P.O. Box Number is Not Acceptable)	
ן נטי	12 FL 33549		83		
			84 City	FL 85 Zip Code	
4 Purguant to the provisious of Specions 607 0502 and 607 1508 Clarida Statutes, the above parent corporation submits this statement for the purpose of changing its registered					
office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, t am familiar with, and accept the objigations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered a per	or and title dappieration (NC	TL Registered Agont signature	required when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	OFLETE	1.1 TITLE	DPTS Change L'Addition	
NAME	PETCHE, DARLENE T		1.2 NAME	PETCHE, MARK A. 1612 N. FLORIDA AVE	
STREET ADDRESS	16122 N FLORIDA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL	DOLLTE	1.4 CHY - ST - ZiP	LUTZ, F4 33 549 [Change   Addition	
TITLE		DELETE	2.1 TITLE	Change	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Change Addition	
NAME			3.2 NAME	Change Mountain	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY- ST-7IP		
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4. 2 NAME	mand a large band and a	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE +	B00002505968ange □ Addition -04/30/9801006031	
NAME			5.2 NAME	-04/30/9801006031	
STREET ADDRESS			5.3 STREET ADDRESS	***150.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME	nc .	
STREET ADDRESS			6.3 STREET ADDRESS	42	
CITY-ST-ZIP			6.4 CHY - \$1 - ZIP	4.28	

14. Thereby 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 13 if chapted, or on an attact, print with an address.