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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9400 0 Name REAL ESTATE, INC.	0067917 (2)			
Principal Place of Business Mailing Address				I LODGIOUTE LES ESFAI DEDIT BATHE BREEL DEGLE BOUCO	OKRAK KODIO TOTOK RIDIK KODA KODA
3502 ACCESS ROAD 3502 ACCESS					
UNIT 4		UNIT 4			
EAST ENGLEWOOD FL 34224		EAST ENGLEWOOD FL 34224		DO NOT WRITE IN THI	S SPACE
1				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address	<u> </u>	09/12/1994 4. FEI Number	Applied For
⊢ `		ta "		65-0520451	Not Applicable
Sulte, Apt. #, etc.		26 110 Sportsman Rd. Suile, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Roton	da, West, FL	Rotonda, We	e st, F L	Trust Fund Contribution	Added to Fees
Zip	Country	<u> </u>		8. This corporation owes or has paid the o	_ ' _ '
24 33947	25 JJS 9. Name and Address of Currer	29 3 3 9 4 7	30 US	Personal Property Tax due June 30. 10. Name and Address of New Registers	YesNo
PF	TRAMALA, JOHN W		81 Name		
	02 ACCESS ROAD		82 Street Address	ess (P.O. Box Nulliber is Not Acceptable)	
UNIT 4				Sportsman Rd.	
EA	ST ENGLEWOOD FL 34224		83	Spot camati Ru.	
 			84 City	The second secon	■ 85 Zip Code
				F Wast	
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change was at ations of, Section 607.0505, Flor	uthorized by the corporation of	of the submission of the purpose ion's board of directors. I hereby accept the a	ppointment as registered
12,	Signatura, typed or prioted name of registeren age	<u></u>	Registered Agent signature require 13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	PETRAMALA, JOHN W	—	1.2 NAME		
STREET ADDRESS	3502 ACCESS ROAD, UNIT 4		1.3 STREET ADDRESS		
CITY-ST-ZIP	EAST ENGLEWOOD FL 3422		1.4 CITY-ST-ZIP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. C(TY-ST-Z)P 4.1 T(T)E		Change Addition
NAME			4. 2 NAME		Containing Containing
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CiTY - ST - ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 suppliemental 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 of the receiver or trusted 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.

6.4 CITY-ST-ZIP

May 01 1998 8:00am

Secretary of State