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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000003095 (3)

FIRST REALTY SERVICES, INC. Principal Place of Business Mailing Address 2500 US HAVY 2015 305 Huy 41 N. P O BOX 1010 RIVERVIEW FL 33568 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/10/1995 2a. Mailing Address Applied For Not Applicable 65-0548396 Suite. Apt. #. etc. \$8.75 Additional Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Name and Address of Current Registered Agent 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent **B1** Name GARDINER, ROBERT B 11224 VILLAS ON THE GREEN BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **RIVERVIEW FL 33569** 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed more of registered agent and title if appropriate (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ; 12. 13. DELETE Change -TITLE 1.1 TITLE MALAF GARDINER, ROBERT B 12 NAME 11224 VILLAS ON THE GREEN STREET ADDRESS 13 STREET ADDRESS RIVERVIEW FL CITY-ST-ZIP 1.4 City-ST-ZiP DELETE Addition TITLE 21 TITLE NAME PREVOST, LORRAINE T 2 2 NAME 11224 VILLAS ON THE GREEN **STREET ADDRESS** 2.3 STREET ADDRESS RIVERVIEW FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE HALE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-2IP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 City-St-ZiP CITY-ST-ZIP DELETE 51 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE NAME 6.2 NAME **STREET ADDRESS** 6 3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental aurual report is frue 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 for 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. RIGNATURE.

4-29-98 813-672-0400

FILED

May 07 1998 8:00am

Secretary of State