CRZE034 (5/98)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000007320 (1)

REALTY MARKETING AND DEVELOPMENT CORP.

Princip		ace o		
315 NE	3RD	AVE.	SUIT	E 201
FORT I	AHDI	IACO:	F FI	33301

Malling Address

P.O. BOX 1346

FILED Sep 24 1998 8:00am Secretary of State



FORT LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/27/1995 2. Principal Place of Business 2a. Malling Address FEI Number Applied For 21 26 65-0551574 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MORGAN, WALTER L 315 N.E. 3RD AVE., SUITE 200 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33301 83 84 City Zip Code 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE Change Addition NAME BACHEWICZ, ALLAN 1.2 NAME 315 NE 3RD AVE., SUITE 201 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE ___ Change ____ Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE NAME 4.2 NAME 4.3 STREET ADDRESS 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 5.4 CITY-ST-ZIP TITLE 6.1 TITLE __ DELETE ___ Change ___ Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIF

14. I hereby certify that the informa indicated on this annual poport, an officer or director of the cos in Block 12 or Block 13 if chap on 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 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 oration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears god, or an attachment with an address.

SIGNATURE