

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90009 001 *2,200.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P95000040110

1. Corporation Name

RUMMEL REAL ESTATE GROUP, INC.

Principal Place of Business 3737 CENTRAL AVE ST PETERSBURG FL 33713 US	Mailing Address P.O. BOX 13088 ST PETERSBURG FL 33733 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1141 FIRST AVE N		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/19/1995	
22 City & State ST PETERSBURG FL		27 City & State		4. FEI Number 59-3319566	
23 Zip 33713		28 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33713		29 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 FLORIDA		30 USA		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ZAGUR, RICHARD A 5200 CENTRAL AVENUE ST PETERSBURG FL 33733		10. Name and Address of New Registered Agent 81 Name H.E. Rummel 82 Street Address (P.O. Box Number is Not Acceptable) 1141 First Ave North 83 St. Petersburg 84 City St. Petersburg FL 85 Zip Code 33713	
---	--	--	--

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 H.E. Rummel 7-22-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUMMEL, HAROLD E	1.2 NAME	
STREET ADDRESS	P.O. BOX 13088	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33733	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, KATIE	2.2 NAME	
STREET ADDRESS	1682 OCEANVIEW DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL 33710	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 an address, with all other like empowered.

SIGNATURE:

H.E. Rummel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H.E. Rummel

6-29-99 727-895-7804
 Date Daytime Phone

CR2E034 (1/98)