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PROFIT
CORPORATION
ANNUAL REPORT
1996-97



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000049078 (5)

1. Corporation Name

REAL PRO NEW HOME NETWORK, INC.

Principal Place of Business

Mailing Address

421 LIGHTHOUSE DR.
PALM BEACH GARDENS FL 33410

421 LIGHTHOUSE DR.
PALM BEACH GARDENS FL 33410

FILED

97 MAY 29 AM 10:54

SECRETARY OF STATE



REINSTATEMENT 460-97

3. Date incorporated or Qualified

06/19/1995

3a. Date of Report

2. Principal Place of Business

2a. Mailing Address

21 751 Northlake Blvd Suite, Apt. #, etc.

26 751 Northlake Blvd Suite, Apt. #, etc.

22 Suite 3

27 Suite 3

23 North Palm Bch, FL

28 North Palm Bch, FL

24 33408

25 Palm Bch

29 33408

30 Palm Bch

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, JOYCE
421 LIGHTHOUSE DR.
PALM BEACH GARDENS FL 33410

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

5/27/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME D WATSON, JOYCE
STREET ADDRESS 421 LIGHTHOUSE DR.
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 100002199331-5
2.3 STREET ADDRESS -06/03/97--01032--007
2.4 CITY-ST-ZIP ****200.00 ****200.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 100002199331-5
4.3 STREET ADDRESS -06/03/97--01032--008
4.4 CITY-ST-ZIP ****715.00 ****715.00

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

JOYCE A. WATSON

4/8/97

561-863-9121

CR2E034 (12/95)