

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 22 1997 8:00 am
Secretary of State

DOCUMENT # **P95000066414 (0)**

1. Corporation Name
REAL ESTATE INNOVATION, INC.



Principal Place of Business

**1604 STOCKTON ST
JACKSONVILLE FL 32204
US**

Mailing Address

**1604 STOCKTON STREET
JACKSONVILLE FL 32204-4524
US**

2. Principal Place of Business

21 3288 S. THIRD ST.

Suite, Apt. #, etc.

22 JACKSONVILLE BEACH, FL

City & State

Zip

24 32250

Country

25 U.S.

2a. Mailing Address

26 3288 S. THIRD ST.

Suite, Apt. #, etc.

27 JACKSONVILLE BEACH, FL

City & State

Zip

29 32250

Country

30 U.S.

3. Date Incorporated or Qualified

08/28/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3353779

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**ASSADOURIAN, ALBERT B
1580-3 CAPITAL CIRCLE NORTH WEST
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

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 type: For printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CARRIGAN, DONALD T**
STREET ADDRESS **113 SOUTH ADAMS STREET**
CITY - ST - ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ DELETE

NAME **ASSADOURIAN, ALBERT B**
STREET ADDRESS **1580-3 CAPITAL CIRCLE, N.W.**
CITY - ST - ZIP **TALLAHASSEE FL 32303**

TITLE **P** ☐ DELETE

NAME **PETER FREW**
STREET ADDRESS **110 WOODBURY ROAD**
CITY - ST - ZIP **WATERTOWN CN**

TITLE **ST** ☐ DELETE

NAME **WILLIS WILLIAMS**
STREET ADDRESS **59 OAKWOOD ROAD**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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.

SIGNATURE:

Willis Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

DATE

(904) 241-6266

DAYTIME PHONE #

CR2E034 (9/96)