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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1	EALTY, INC.	0000220 (4)			
Principal Plac	e of Business	Mailing Address		T ORECODE TO A CONTRACT RESIDENCE AND A SECUL MARKET.	ibită attiă staia staia astr 1841
		531 NO. DIXIE HIGHWAY LAKE WORTH FL 33460		DO NOT WRITE IN TH	IS SPACE
1				3. Date Incorporated or Qualified	
				11/09/1995	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	N at-	Suite. Apt. #, etc.		65-0621259	Not Applicable
Suite, Apt.	w, etc.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the operational Property Tax due June 30.	current year Intangible
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	d Agent
GW	AMPORCARO, VINCENT		81 Name		4
5597 DESCARTES CIRCLE BOYNTON BEACH FL 33437			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	F	85 Zip Code
office or i agent. I s SIGNATURE	registered agent, or both, in the Stat im familiar with, and accept the oble Signature, typed or printed name of registered a		authorized by the corpo lorida Statutes. ITE: Registered Agent signature re		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	DELETE	1.1 YETLE		Change Addition
NAME	GIAMPORCARO, VINCENT		1.2 NAME		
STREET ADDRESS	5597 DESCARTES CIRCLE	•	1.3 STREET ADDRESS		
CHTY-ST-ZIP TITLE	BOYNTON BEACH FL 33437 DVS	DELETE	1.4 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAME	GIAMPORCARO, THERESA	C 2555115	2.2 NAME		
STREET ADDRESS	5597 DESCARTES CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437	!	2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-ZiP		T priest	3.4. CITY-ST-ZIP		C. Ohanna C. Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Ì
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		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		

6.3 STREET ADDRESS

14. I hereby certify that the inform indicated on this annual report officer or director of the corpor Block 12 or Block 13 if change

STREET ADDRESS

with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ntal 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 acceive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

(5%) 540-3645

FILED

May 11 1998 8:00am

Secretary of State