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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90154 026 ***150.00

1. Corporation	REAL ESTATE INC.	U89814					
Principal Place	of Business	Mailing Address			I INGLINAL SIO ININI DILILI DESILI ARIIS NOIS	1 10110 10101 10101	11911 6161 1881
5414 GEORGIA AVE. 5414 GEORGIA AVE.					•		
WEST PALM BEACH FL 33405 WEST PALM BEACH FL 3340							
West Frem De			-		DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					11/21/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number	Apr	plied For
21	26				65-0620000	- No	t Applicable
Suite, Apt. #, etc Suite, Apt. #, etc.					5 Certificate of Status Desired	\$8.75 A	Additional
22					5. Certifcate of Status Desired	Fee Re	quired
	City & State City & State				6. Election Campaign Financing	\$5.00	Mav Be
23					Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year Ir	ntangible	
24	25 29 30		0		Personal Property Tax.		□No
***	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
•	•		81	Name			_
KENI	DALL, GARY D		-	0. 144	CO Down Name to Not Assessable		
5414 GEORGIA AVE.			82	2 Street Address (P.O. Box Number is Not Acceptable)			
WES	T PALM BEACH FL 33405		83	_			
	•		84	City	: FI	85 Zip C	Code
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Ager		on's board of directors. I hereby accept the appointment of directors and the property of the appointment of the property of t		
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Citalige	
NAME (KENDALL, GARY D		1.2 NAME				
STREET ADDRESS	1 '		1.3 STREET	T ADDRESS			ł
CITY-ST-ZIP	WEST PALM BEACH FL 33405		1.4 CITY-S	T-ZIP			
ΠΤΕ	P .	□ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	KENDALL, GARY D 22N		2.2 NAME				
STREET ADDRESS			. 2.3 STREE	TADDRESS	* 4	~-	
CITY-ST-ZIP	AUTO DALLA DELOLI EL ABAGE		2.4 CITY-5	ST-ZIP	<u>.</u>		
TITLE		DELETE 3.1 T				Change	☐ Addition
NAME	321		3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			ķ.
CITY-ST-ZIP	•		3.4. CITY-5	<u> </u>			ł
TITLE	<u> </u>	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
!			4.3 STREE	TADDOESS			}
STREET ADDRESS	•		4.4 CITY-S)
CITY-ST-ZIP.	Print		5.1 TITLE	1-4IF		☐ Change	☐ Addition
			5.2 NAME		·		- {
NAME .				TADORESS	•		1
STREET ADDRESS			5.4 CITY-S				ł
CITY-ST-ZIP			6.1 TITLE	1- LIF		☐ Change	Addition
' TITLE	•	☐ DELETE					
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS	•		\
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	•		ı

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 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 officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: