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Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000001127 (5)

1. Corporation Name

REALTY SERVICES OF THE TREASURE COAST, INC.



Principal Place of Business

550 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34984

Mailing Address

550 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34984

3. Date Incorporated or Qualified

01/04/1996

3a. Date of Last Report

2. Principal Place of Business

21 2355 S.E. Seafury Lane

2a. Mailing Address

26 2355 S.E. Seafury Lane

4. FEI Number

59-3363008

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip 34952

Country

29 Zip 34952

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FARRELL, RICKEY L ESQ.  
1595 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE FL 34984

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME REAGLE, LUANNE  
STREET ADDRESS 2233 S.E. SISTINA  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

TITLE D ☒ DELETE

NAME FARRELL, RICKEY L  
STREET ADDRESS 1595 SE PORT ST. LUCIE BLVD.  
CITY-ST-ZIP PORT ST. LUCIE FL 34984

TITLE D ☐ DELETE

NAME CORCORAN, KATHLEEN  
STREET ADDRESS 1482 S.E. MANTH LANE  
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President-Director ☐ Change ☐ Addition

1.2 NAME P-D  
1.3 STREET ADDRESS 2433 S.E. Sistina

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Vice-President-Director ☐ Change ☐ Addition

3.2 NAME V-D

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:

*Kathleen Corcoran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97 (561) 335-5114

Date Daytime Phone #

0627172

CR2E034 (9/96)