
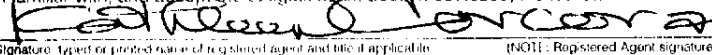


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 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 2355 SE SEAFURY LANE PORT ST. LUCIE FL 34952 US		Mailing Address 2355 SE SEAFURY LANE PORT ST. LUCIE FL 34952 US	
2. Principal Place of Business 21 2355 S.E. Seafury Ln 22 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
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 Kathleen Corcoran 82 Street Address (P.O. Box Number is Not Acceptable) 2355 S.E. Seafury Lane 83 84 City Port St. Lucie FL 85 Zip Code 34952	
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 resigning) DATE			
12. OFFICERS AND DIRECTORS TITLE PD NAME REAGLE, LUANNE STREET ADDRESS 2233 S.E. SISTINA CITY-ST-ZIP PORT ST. LUCIE FL TITLE VO NAME CORCORAN, KATHLEEN STREET ADDRESS 1482 S.E. MANTH LANE CITY-ST-ZIP PORT ST. LUCIE FL TITLE 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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/04/1996	
4. FEI Number 59-3363008	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

14. 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 address.

SIGNATURE  4/12/98 (561) 335-5154

CR2E034 (10/97)