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

**PROFIT** CORPORATION **ANNUAL REPORT** 



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

P96000004578 (6)

**REAL ESTATE INVESTMENT CORPORATION** 

Principal Place of Business

Mailing Address

**FILED** May 04 1998 8:00am Secretary of State



804 S PALAFI PENSACOLA US	FL 32501	P.O. BOX 12063 SUITE 222 PENSACOLA FL 32590-2063 US				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 01/10/1996			
21 <b>800</b> (	LACE OF BUSINESS LACE PARTIES	2a. Mailing Address 26 P.O. Box	12063			4. FEI Number 59-3354613			Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.				5. Certificate of Status Desired	J		5 Additional Regulred
City & State	· 12	City & State  728 728 Coh ,	FL		***	Election Campaign Financing     Trust Fund Contribution			DO May Be
24 Bas	Country 25 USA 2	Zip 32540	Countr	S	A	This corporation owes or has paid I     Personal Property Tax due June 30	-	nt year Yes	Intangible  No
	9. Name and Address of Current Re	egistered Agent				10. Name and Address of New Regis	tered A	gent	
LO	zier, daniel r		81	Ī	Name				
125 W ROMANA STREET SUITE 222				82 Street Address (P.O. Box Number is Not Acceptable)					
,	NSACOLA FL 32501		83	+					
,			84	+	City		FL.	85 Z	ip Code
SIGNATURE	to the provisions of Sections 607.0502 an egistered agent, or both, in the State of f in familiar with, and accept the obligation							hangin ntment	g its registered as registered
	Signature, typed or printed name of registered agent and			ent	t signature required		DATE		
12.	OFFICERS AND DI		13.			ADDITIONS/CHANGES TO OFFICER	S AND [	DIRECT	ORS IN 12
TITLE		DELETE	1.1 TITLE		- 1			☐ Chang	ge 🔲 Addition
NAME	MATTHEWS, JOHNNY		1.2 NAME		l				
STREET ADDRESS	804 S PALAFOX		1.3 STREE	ΙAΙ	DDRESS				
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-1	ST-	ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE					Chang	e
NAME	Russenberger, Ray		2.2 NAME		i				
STREET ADDRESS	804 S PALAFOX		2.3 STREE	T AI	DORESS				
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-	ST-	- ZIP	_			
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NAME							L	TORUD	s L AUGUION
STREET ADDRESS			5.2 NAME						ŀ
1			5.3 STREET		í				ļ
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TITLE		☐ DELETE	6.1 TITLE				L	_ Chang	e L Addition
NAME			6.2 NAME		ŀ				
STREET ADDRESS			6.3 STREET	AD	ORESS				l
CITY_ST_7LD			C 4 6(T)/ C		710				

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 roport 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 rocciover 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.

1/22/98 (850) 432-06-42