

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 23 1998 8:00am/
 Secretary of State

006241

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000006339 (1)
 Corporation Name
 REAL ESTATE UNLIMITED, INC.



Principal Place of Business Mailing Address
 364 STATE ROAD 54 WEST 35364 STATE ROAD 54 WEST
 ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1	26			01/17/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3368609	
23 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		29 Country		30	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARPENTER, DEBBIE M 35364 STATE ROAD 54 WEST ZEPHYRHILLS FL 33541				81 Name DEBBIE M. POMP			
				82 Street Address (P.O. Box Number is Not Acceptable) 35364 SR 54 West			
				83			
				84 City Zephyr Hills FL 85 Zip Code 33541			

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 *Debbie M. Pomp* DEBBIE M POMP 7/10/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, DEBBIE M	1.2 NAME	
STREET ADDRESS	35364 S.R. 54 WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	300002598203
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-07/24/98--01087--016 ***150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Debbie M. Pomp* 7/10/98 788-1097
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/96)

Attention Annual Report Filing
Div. Of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

PG 2

7-06-98
Real Estate Unlimited, Inc.
Report Form not received

We called for instructions on what to do when we did not receive our reporting form. We are writing per instructions to state that we did not receive our first report form and was instructed to send in the original \$150.00 filing fee. Thank you for your help.

Best Regards



Debbie M. Pomp
35368 SR 54 West
Zephyrhills, Fl 33541
813-788-1097

(S & P)