

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

APPROVED
AND
FILED

1997 JUN 23 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000017201 (0)

1. Corporation Name

REAL VEST PROPERTIES INC.

Principal Place of Business 6035 ESTERO BLVD., #1 FT. MYERS BEACH FL 33931	Mailing Address 6035 ESTERO BLVD., #1 FT. MYERS BEACH FL 33931-4348
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3. Date Incorporated or Qualified 02/23/1996	3a. Date of Last Report
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2. Principal Place of Business 21 17843 San Carlos Blvd Suite, Apt. #, etc. 22 City & State 23 Ft Myers Bch, FL 24 Zip 33931 Country USA	2a. Mailing Address 26 17843 San Carlos Blvd Suite, Apt. #, etc. 27 City & State 28 Fort Myers Bch, FL 29 Zip 33931 Country USA
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4. FEI Number 65-0645681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DOMINIC, STEVEN 6035 ESTERO BLVD., #1 FT. MYERS BEACH FL 33931 17843 San Carlos Blvd.	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 17843 San Carlos Blvd
83	
84 City	85 Zip Code FL

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	Pres. <input type="checkbox"/> DELETE
NAME	Steve Dominic
STREET ADDRESS	17843 San Carlos Blvd
CITY-ST-ZIP	Ft Myers Bch, FL 33931
TITLE	V. Pres <input type="checkbox"/> DELETE
NAME	Kimberly Dominic
STREET ADDRESS	17843 San Carlos Blvd
CITY-ST-ZIP	Ft Myers Bch, FL 33931
TITLE	Tres <input type="checkbox"/> DELETE
NAME	Steve Dominic
STREET ADDRESS	17843 San Carlos Blvd
CITY-ST-ZIP	Ft Myers Bch, FL 33931
TITLE	Sec. <input type="checkbox"/> DELETE
NAME	Kimberly Dominic
STREET ADDRESS	17843 San Carlos Blvd
CITY-ST-ZIP	Ft Myers Bch, FL 33931
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	600002223296--5
1.3 STREET ADDRESS	-06/25/97--01120--025
1.4 CITY-ST-ZIP	****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Steven Dominic 4/29/97 011-454-6000

CR2E034 (9/96)