


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

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Feb 05 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 # P96000019781 (9) 1. Corporation Name REAL ESTATE PUBLICATIONS, INC.			
Principal Place of Business 4 EMERALD ISLE CIR ORMOND BEACH FL 32175 US		Mailing Address P.O. BOX 1597 ORMOND BEACH FL 32175 US	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 302 DUNLAWTON AVE. Suite, Apt. #, etc.		2a. Mailing Address 26 302 DUNLAWTON AVE. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/04/1996	
22 City & State 23 PORT ORANGE, FL		27 City & State 28 PORT ORANGE, FL		4. FEI Number 59-7069231	
24 32119 32127 25 USA		29 32119 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
g. Name and Address of Current Registered Agent KOLADZIK, DAVID E 4 EMERALD ISLE CIR ORMOND BEACH FL 32176		10. Name and Address of New Registered Agent 81 Name DAVID E. KOLADZIK 82 Street Address (P.O. Box Number is Not Acceptable) 302 DUNLAWTON AVE. 83 84 City PORT ORANGE FL 85 Zip Code 32129		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-19-98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	KOLODZIK, DAVID E	1.2 NAME	DAVID E. KOLADZIK
STREET ADDRESS	4 EMERALD ISLE CIR	1.3 STREET ADDRESS	3709 JACKSON ST.
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	STD	2.1 TITLE	SECRETARY - TREASURER
NAME	KOLODZIK, DIANE N	2.2 NAME	DIANE N. KOLADZIK
STREET ADDRESS	4 EMERALD ISLE CIR	2.3 STREET ADDRESS	3709 JACKSON ST.
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

DAVID E. KOLADZIK

1-19-98

(904) 761-6080

CR2E034 (10/97)