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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000047210 (5)

FILED May 01 1998 8:00am Secretary of State

REALTY	EXECUTIVES OF VENICE,	INC.		. 18841584 116 18118 81141 8841 88111 88111 88111 88111	ter 18846 (1886) 1881) 1881) 1881
	-				
Principal Place of Business Mailing Address					/fit 19848 16881 61944 6941 1961
200 N. TAMIAMI TRAIL SUITE D VENICE FL 34285		200 n. tamiami trail Suite d Venice fl 34285		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				05/28/1996	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 232	PEORO ST	26		65-0669241	Not Applicable
Suite, Apt.		Suite, Apt, # ofc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 6		6. Certificate of Status Desired	Fee Required
	lice FL	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the ou	_ ' _ '
24 547	9. Name and Address of Current	29 30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
Part		r wahistalan whalit	81 Name	IV. Haillo allu Auditas ol Haw nogisteleu	MAIN
METNULUS, PAUL					
SUITE D			82 Street A	ddrass (P.O.Box Number is Not Acceptable)	
	NI CE FL 34285		83		
V	NOC 1 C OVERS		84 City	VENICE , F	85 Zip Code
11. Pursuant 1	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, t	he above-named c		
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 lamiliar with and propert the obligations of, Section 607.0505, Florida Statutes.					
		St. Cocker corrects, Florida	· Olataloo.	412	20 98.
SIGNATURE			gistered Agent signature re		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D AND LAND	☐ DELETE	1.1 TITLE	Decrease Tone	☐ Change ☐ Addition
NAME	REYNOLDS, JANE		1.2 NAME	REYNOIDS JANE 1525 Hudson AD	
STREET ADDRESS	4759 HARVEST BEND SARASOTA FL 34235		1.3 STREET ADDRESS	VENILE, FL, 34293	_
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	REYNOLDS, PAUL		2.2 NAME	AZMINOLOGY, PAUL	
STREET ADDRESS	4759 HARVEST BEND		2.3 STREET ADDRESS	1525 HUOSUN RO	
CITY-ST-ZIP	SARASOTA FL 34235		2. 4 CITY-ST-ZIP	REYNOLDS , PAUL 1525 HUDSON RO VENILE, FL 34293	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	•		4. 2 NAME		
STREET ADDRESS	*		4.3 STREET ADDRESS		
CITY - ST - ZIP		☐ DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		☐ pereie	5.1 TITLE		
NAME CTACCT ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS		ŀ	5.4 CITY-ST-ZIP		į
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		<u> </u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby o	certify that the information supplied wi	th this filing does not qualify for th		in Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information

1. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

46.198 (941)483-381