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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000056440 (6)

1. Corporation Name

REALTY SAVERS, INC.



Principal Place of Business

340 RINGWOOD CIRCLE  
WINTER SPRINGS FL 32708

Mailing Address

340 RINGWOOD CIRCLE  
WINTER SPRINGS FL 32708-4928

3. Date Incorporated or Qualified

07/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 7651-A ASHLEY PK. CT.

2a. Mailing Address

26 7651-A ASHLEY PK. CT.

4. FEI Number

59-3406845

Applied For

Not Applicable

Suite, Apt. #, etc.

22 # 402

Suite, Apt. #, etc.

27 # 402

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 ORLANDO, FLORIDA

City & State

28 ORLANDO, FLORIDA

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

24 32835

Country

25 USA

Zip

29 32835

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

8. Name and Address of Current Registered Agent

HAWKS, CHARLES W  
340 RINGWOOD CIRCLE  
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HAWKS, CHARLES W  
STREET ADDRESS 340 RINGWOOD CIRCLE  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P, T  
1.2 NAME HAWKS, CHARLES  
1.3 STREET ADDRESS 340 RINGWOOD CIRCLE  
1.4 CITY-ST-ZIP WINTER SPRINGS, FL. 32708

2.1 TITLE D, V, S  
2.2 NAME WALLACE M. WILSON  
2.3 STREET ADDRESS 5028 AUTUMN RIDGE LANE  
2.4 CITY-ST-ZIP WINDERMERE, FL. 34786

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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: WALLACE M. WILSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)