Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90047 011 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P96000056440

1. Corporation Name

REALTY	SAVERS, INC.							<b>e di la cal</b> ia d <b>a c</b> i <b>di di</b> la calia di
Principal Place	of Rusiness	Mailing Address			{	.	HIR BIEN BERE	0 8   EB    80
7651-A AHLEY PK CT. 7651-A ASHELY PK CT.								
#402 #402					201	OT MOSTE IN THE	PDACE.	
ORLANDO FL 32835 ORLANDO FL 32835					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
us us						Qualified		
	- A Duning	2a. Mailing Address			07/01/1996 4. FEI Number			plied For
<del></del>	ace of Business	— ĭ			59-3406845		_ <del>                                    </del>	ot Applicable
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.					\$8.75 Addition			
22 27				5. Certifcate of Status D	esired	Fee Re	equired	
City & State City & State					6. Election Campaign Fi	nancing	\$5.00	May Be
23 28		28			Trust Fund Contribution	חב	Added :	to Fees
Zip	Country	Zip	Country		8. This corporation owes			<b></b>
24	25	29 3	0		Personal Property Ta	^	☐ Yes	□No
	9. Name and Address of Currer	ıt Registered Agent	81	Name	10. Name and Address	of New Registered A	<u>igeni</u>	_
LIANA	IVE CHADLES W		01	i Name				
HAWKS, CHARLES W 340 RINGWOOD CIRCLE			82	Street Add	ress (P.O. Box Number is No	t Acceptable)		
WINTER SPRINGS FL 32708			83	_				
*****	1E17 OF 181400 1 E 02700		63					
{			84	City	<u> </u>	FL	85 Zip	Code
44	the provisions of Sections 607.050	12 and 607 1508 Florida Statutes	the above	e-named com	poration submits this statemer	nt for the nurnose of o	hanging its	registered
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 age	ent and title if applicable. (NOTE: R	egistered Ager	nt signature require	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTO	ORS IN 12
TITLE	PDT DELETE		1.1 TITLE				☐ Change	Addition
NAME	HAWKS, CHARLES W		1.2 NAME					
STREET ADDRESS	ss 340 RINGWOOD CIRCLE		1.3 STREET ADDRESS					
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-ZIP					□ \$4400
TITLE	DVS DELETE		2.1 TITLE				☐ Change	Addition
NAME :	WILSON, WALLACE M		2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP	WINDERMERE FL		2. 4 CITY-5	ST-ZIP	<del> </del>		Change	Addition
TITLE	. ,	☐ DELETE ~	3.1·TITLE	-   -	•		□ Citalige	
NAME	}		3.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	<u> </u>	☐ DELETE	3.4. CITY-5 4.1 TITLE	51-ZIP			Change	Addition
TITLE			4. 2 NAME				_ ,	_
NAME				T ADDRESS				
STREET ADDRESS			4.4 CITY-S					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	11-217			☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE	-	☐ DELETE	6.1 TITLE				☐ Change	Addition .
NAME			6.2 NAME					
STREET ADDRESS	}		6.3 STREE	TADDRESS				

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

REQUIRED OF SIGNING OFFICER OR DIRECTOR

521-7764