

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

FILED

May 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P 96000059697**

1. Corporation Name

**Real Estate Referral Associates, Inc.**

Principal Place of Business

Mailing Address

**2644 Miller Ct  
Weston, FL 33332**

**P.O. Box 550102  
Ft. Lauderdale, FL  
33355-0102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**7/15/96**

4. FEI Number

**Real ES 65-0681686**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

**21 2644 Miller Ct.**

Suite, Apt. #, etc.

22

City & State

**23 Weston FL**

Zip

**24 33332**

Country

**25 US**

26. Mailing Address

**26 P.O. Box 550102**

Suite, Apt. #, etc.

27

City & State

**28 Ft. Land. FL**

Zip

**29 33355-0102**

Country

**30 US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

**R. Elaine Haines**

82

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

**2644 Miller Ct**

83

84

City

**Weston,**

FL

85 Zip Code

**33332**

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

**R. Elaine Haines**

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	<b>DIP</b>	<input type="checkbox"/> DELETE
NAME	<b>HAINES, R.E.</b>	
STREET ADDRESS	<b>1214 N. University Dr.</b>	
CITY-ST-ZIP	<b>Plantation FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2644 Miller Ct</b>
1.4 CITY-ST-ZIP	<b>Weston, FL 33332</b>
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 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:

**R. Elaine Haines**

**R.E. Haines**

**4/27/98 (954) 349-4350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)