

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

FILED

Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P96000079408 (6)**
1. Corporation Name
REAL TRUST FINANCIAL CORP.



Principal Place of Business 3501 WEST VINE STREET SUITE 329 KISSIMMEE FL 34741	Mailing Address 3501 WEST VINE STREET SUITE 329 KISSIMMEE FL 34741
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3501 W. VINE ST Suite, Apt. #, etc. 22 322-A City & State 23 Kissimmee, FL Zip 24 34741 Country 25 OSCEOLA		2a. Mailing Address 26 3501 W. VINE ST Suite, Apt. #, etc. 27 322-A City & State 28 Kissimmee, FL Zip 29 34741 Country 30 OSCEOLA		3. Date Incorporated or Qualified 09/23/1996	4. FEI Number 59-3407150 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	
7. Additional Fee Required \$8.75		9. Additional Fee Required \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent

**WAKEFIELD, S C
1400 WEST OAK STREET
SUITE A
KISSIMMEE FL 34742-1408**

Delete

10. Name and Address of New Registered Agent

81 Name CAS CAMARA	82 Street Address (P.O. Box Number is Not Acceptable) 3501 W. VINE ST SUITE 322-A
83 322-A	84 City KISSIMMEE FL
85 Zip Code 34742	

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]* DATE: **2/16/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAMARA, CAS 3501 W VINE ST, #322-A KISSIMMEE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLANDA, MONICA 3501 W VINE ST #322-A KISSIMMEE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SECRETARY ZULA CAMARA 3501 W. VINE ST SUITE 322-A KISSIMMEE FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMARA, CAS 3501 W VINE ST #322-A KISSIMMEE FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **President** 1/20/97 (407) 933-1949

CR2E034 (10/97)