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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083407 (2)

REAL ESTATE REFERRAL GROUP, INC.

Principal Plac	e of Business	Mailing Address	Mailing Address				'I BBIBI IDIDE IIII BIB'I DEI	
1510 TWIN OAKS DRIVE DELAND FL 32720		1510 TWIN OAKS DRIVE DELAND FL 32720-6904						
						3. Date Incorporated or Qualified	3a. Date of Last R	teport
						10/09/1996		
	lace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21	 	26					a construction of the contract	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired		Additional
City & State		City & State						beniupe
23	G	28				Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	7ip	Count					
24	25 29 30		F			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Currer		T.			10. Name and Address of New Re-	stered Agent	
BLA	ICKWELL, TERRY B		8	Na Na	ame			
235 WEST FRENCH AVENUE			ä	2 Si	reet Address (P.O. Box Number is Not Acceptable)			
OR/		L			Tribotob (F.S. Ess Million 19 194 7000 plants)			
			8	3				
			8	4 Ci	ty		■■ 85 Zip 6	Code
44 0	The second of th	a i aas 468a in i sa 1857 i			;			
office or r	io the provisions of Sections 607.050 registered agent, or both, in the State	iz and 607.1508, Florida Statu Iof Florida. Such change was	tes, the abc authorized	ove riai by the	med corpo corporatio	ration submits this statement for the p in's board of directors. I hereby accep	urpose of changing (I t the appointment as	registered registered
agent. La	m familiar with, and accept the obliga	ations of, Section 607.0505, F	orida Statut	es.				
SIGNATURE	Signalure, typed or profest name of registered age	sat and the if anni cable (NO)	It theolstered A	lacid sin	rature ren vree	f when reinstating)	DATE	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC		IS IN 12
TITLE	D	DELFTE	1.1 1000				Change	Addition
NAME	DEAN, LEE		1.2 NAM	.F				
STREET ADDRESS	1510 TWIN OAKS DRIVE		1.3 STRE	EL ADDR	ESS			
CITY-ST-ZIP	DELAND FL 32720		1.4 CHY	- \$1 - ZIP				
TETLE		☐ DELETE	2.1 1/110				Change	Addition
NAME			2.2 NAM	E				
STREET ADDRESS			2.3 STRE	ET ADOR	ESS		÷ = =	
CITY-ST-ZIP		□ produce "	2.4 011)					
TOLE		DELETE	3.1 1/118				Change	Addition
NAME			3.2 NAM					1
STREET ADDRESS			3.3 \$165		ı			
CITY-ST-ZIP TITLE		DECETE	3.4 CHY 4.1 THE		·		Change	Addition
NAME			4. 2 NAM					L. J FROUITOIT
STREET ADDRESS			i i	" ET ADDR	155			
CITY-ST-ZIP			4.4 CITY					l
TITLE		Drient	5.1 1014				☐ Change	Addition
NAME			5.2 NAM	ŧ			·	
STREET ADDRESS				T ADDR	I SS			
CITY-ST-ZIP				- S1 - ZIP				1
TITLE		DELETE	6.1 1111.1				Change	Addition
NAME			6.2 NAM	ſ				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP