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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90036 045 ***150.00

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DOCUMENT #	P96000083995	/

REAL ESTATE CLOSINGS, INC.

Principal Place of Business	Mailing Address							
22130 BELMAR DRIV	E SAME				DO NOT WRI	TE IN TH	IS SPACE	
SUITE 1104 BOCA RATON, FL 33	433				3. Date Incorporated or Qualifed 10/7/96			• "
2. Principal Place of Business	2a. Mailing Address	5			4. FEI Number			Applied For
21 AS ABOVE	26 AS ABOV	E			65-0702591			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, et	C.			5. Certificate of Status Desired			5 Additional Required
City & State	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Zip Col	intry Zip	30	Country		This corporation owes the curre Personal Property Tax.	ent year l	Intangible Yes	□No _
Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent						
JOHN T. DAV	ID. ESO.		81	Name	RICHARD COLLINS			·
400 G 3MDD	•		82	Street Add	dress (P.O. Box Number is Not Accepta	ible)		•

408 S. ANDREWS AVENUE 22130 BELMAR DRIVE, #1104 SUITE 202 FT. LAUDERDALE, FL 33301 84 City 85 Zip Code

			BOCA	RATON_		FL 334	
office or re	o the provisions of Sections 607.0502 and 607.1508, Florida S gistered agent or both, in the State of Florida. Such change w n familiar with and accept he surgations of, Section 607.0505	as authorized by the co	ed corporat orporation's	ion submits this st board of directors	atement for the purp . I hereby accept the	ose of changing its appointment as re	registered gistered
SIGNATURE _	10 (MIHMIN), Paes				7/	177	
12. RICH	Signators to body by the drawne di registered agent and title if applicable.	(NOTE: Registered Agent signat	ure required whe		ANGES TO OFFICE	DE AND DIDECTO	DS IN 12
TITLE	The state of the s			ADDITIONS/CH	ANGES TO OFFICE	☐ Change	Addition
···	r ,					[_] Orange	
NAME	RICHARD COLLINS	1.2 NAME)				
STREET ADDRESS	22130 BELMAR DRIVE, #1104	1.3 STREET ADDRE	SS				
CITY-ST-ZIP	BOCA RATON, FL 33433	1.4 CITY-ST-ZIP	<u> </u>				
TITLE	☐ DELET	E 2.1 TITLE	Ì			☐ Change	☐ Addition
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRE					
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		<u>.′ </u>			-
TITLE	☐ DELET	E 3.1 TITLE				Change	Addition
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRE	:SS				
CITY-ST-ZIP		3.4. CITY-ST-ZiP					
TITLE	☐ DELET	E 4.1 TITLE				☐ Change	Addition
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRE	ss				
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELET					Change	☐ Addition
NAME		5.2 NAME					
STREET ADDRESS	*	5.3 STREET ADDRE	ss				
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELET	E 6.1 TITLE	1-			Change	☐ Addition
NAME	•	6.2 NAME		•			
STREET ADDRESS	.	6.3 STREET ADDRE	ss				
CITY-ST-ZIP		6.4 CITY-ST-ZIP	4- 4 1- 5		mids Ct. L. Lon 16 at		· · · · · · ·

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 informational 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 orther 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.

SIGNATURE:

GNING OFFICER OR DIRECTOR