

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000090983 (3) 1. Corporation Name REALTORS FINANCIAL SERVICES, INC.			
Principal Place of Business 915 MIDDLE RIVER DRIVE SUITE 506 FORT LAUDERDALE FL 33304		Mailing Address 915 MIDDLE RIVER DRIVE SUITE 506 FORT LAUDERDALE FL 33304-3500	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28	
9. Name and Address of Current Registered Agent MORATIS, GEORGE R 915 MIDDLE RIVER DRIVE SUITE 506 FORT LAUDERDALE FL 33304		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULICETTO, GREGORY J 4781 NE 29TH AVENUE FORT LAUDERDALE FL 33308	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DPS CULICETTO, GREGORY J. 4781 NE 29 Avenue Fort Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULICETTO, PETER J 32 SUSSEX AVENUE STATEN ISLAND NY 10314	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D VP CULICETTO, PETER J 21 Sussex Avenue Staten Island Ny 10314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T [Blank]	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T San Milan, Patricia 4781 NE 29 Avenue Fort Lauderdale, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	[Blank]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	[Blank]

3. Date Incorporated or Qualified 11/05/1996	3a. Date of Last Report
4. FEI Number 105-0726756	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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

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, changed, or on an attachment with an address.

SIGNATURE: X By: Gregory J. Culicetto Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory J. Culicetto, President

Date

Daytime Phone #

0280281

CR2E034 (9/96)