PROFIT CORPORATION' ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

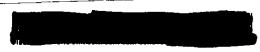
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000090983 L

REALTORS FINANCIAL SERVICES, INC.

FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90026 044 ***150.00



Principai Piac	e of Business	Mailing Address							
915 MIDDLE RI	VER DRIVE	915 MIDDLE RIVER DRIVE							
Suite 506 Fort Lauderi	NALE EL 22204	SUITE 506 FORT LAUDERDALE FL 33304				DO NOT WRITE IN THIS SPACE			
TONI DAUDERL	JACE PE 33304	FORT LAUDERDALE PL 333	UNI CAUDERDALE PL 33304			3. Date Incorporated or Qualifed			
1						11/05/1996			
2 Principal P	lace of Business	2a. Mailing Address	_			4. FEI Number		1 1 40	plied For
└	lace of Dusilless	⊢ •				65-0726756		_ _ `	t Applicable
Suite, Apt.	# otc	Suite, Apt. #, etc.				00-0720700		\$8.75 A	
22	#, etc.	27				5. Certifcate of Status Desired]	Fee Re	
City & Stat	α	City & State				A SI A C major Singulation			<u> </u>
23	G	28				6. Election Campaign Financing Trust Fund Contribution]	\$5.00 Added t	
Zip	Country		Zip Coun			<u> </u>			01669
24	(re-ry	⊢ '	29 30			This corporation owes the current Personal Property Tax.	-	ngible ∐Yes	□No
24	4 25 29 30 30 9. Name and Address of Current Registered Agent			1		10. Name and Address of New Regi			
9, Name and Address of Current Registered Agent					Name	10. Name and Address of New Nega	alcica A	gene	
MORAITIS, GEORGE R				81	· vaine				
l	MIDDLE RIVER DRIVE	82			Street Addre	ss (P.O. Box Number is Not Acceptable)		_
l	E 506								
l		83							
TOR	T LAUDERDALE FL 33304			84	City			85 Zip C	Code
							<u>FL</u>		
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 reinstetting) DATE									
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12
TITLE	DPS	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	CULICETTO, GREGORY J		1 2 NA	ME	1				
STREET ADDRESS 4781 NE 29TH AVENUE			1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		1.4 CITY-ST-ZIP		- ZIP				
TITLE				2.1 TITLE				Change	Addition
NAME	CULICETTO, PETER J		2.2 NA	ME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	STATEN ISLAND NY 10314			2.4 CITY-ST-ZIP					
TITLE	T DELETE		3.1 TITLE		<u>-41</u>			Change	Addition
NAME			3.2 NA		}		,		_
STREET ADDRESS	the control of the co				ADORESS				
			1		i				
CITY-ST-ZIP TITLE				3.4. CITY-ST-ZIP				☐ Change	Addition
NAME		الم المداد	4.1 III				Į.		
_					*ODGEOG				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				4.4 CITY-ST-ZIP		<u> </u>		☐ Change	Addition
TITLE	_			5.1 TITLE 5.2 NAME			ļ	Change	L Addition
NAME									
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TIT				ſ	Change	Addition
NAME			6.2 NA		Ì)
STREET ADDRESS			6.3 ST	REET	ADDRESS				

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 receive) 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE

954-563-4163