

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90080 037 ***150.00

DOCUMENT # P97000024917

1. Corporation Name

REAL ESTATE INVESTMENT TRUST ADVISORS, INC.



Principal Place of Business

5200 NE 33 AVE
FT LAUDERDALE FL 33308

Mailing Address

5200 NE 33 AVE
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1997

2. Principal Place of Business

21 2545 E. SUNRISE BLVD

2a. Mailing Address

26 2545 E. SUNRISE BLVD

4. FEI Number

65-0866745

Applied For

Not Applicable

Suite, Apt. #, etc.

22 235

Suite, Apt. #, etc.

27 SUITE 235

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

23 FORT LAUDERDALE, FL

City & State

28 FORT LAUDERDALE, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33304

Country

25 USA

Zip

29 33304

Country

30 USA

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SPANIAK, ARLETTE
5200 NE 33 AVE
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

KIMBERLI L. SWANN

82 Street Address (P.O. Box Number is Not Acceptable)

2545 E. SUNRISE BLVD

83

SUITE 235

84 City

FORT LAUDERDALE FL

85 Zip Code

33304

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

K. Swann

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-99

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
SPANIAK, ARLETTE
5200 NE 33 AVE
FT LAUDERDALE FL 33308

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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NAME
STREET ADDRESS
CITY-ST-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D P V S T

☒ Change

☐ Addition

1.2 NAME

KIMBERLI L. SWANN

1.3 STREET ADDRESS

2545 E. SUNRISE BLVD SUITE 235

1.4 CITY-ST-ZIP

FORT LAUDERDALE, FL 33304

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

K. Swann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

DATE

888 481-7959

Daytime Phone #

CR2E034 (11/98)