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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P97000035202 (5)

	SSIONAL REAL ESTATE G	ROUP, INC.  Mailing Address						
1327 S.E. 2N	ID AVENUE	1327 S.E. 2ND AVENUE						
SUITE D SUITE D FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316					DO NOT WRITE	E IN THIS S	PACE	
FI. ENODERDALE PE 33310					3. Date Incorporated or Qualified			
					04/18/1997			
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		A	pplied For	
21		26		65-0745571	3	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional	
City & State		City & State					equired	
23		28		6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip Country		Zip Country			8. This corporation owes or has pa			
24	25	29	30		Personal Property Tax due June	_		□ No
	9. Name and Address of Curre	nt Registered Agent	81		10, Name and Address of New Re	gistered A	gent	
RESTREPO, CHARLES				Name				
1327 S.E. 2ND AVENUE			82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)		
SUITE D			83					
FI	LAUDERDALE FL 33316							
				City		FL	<b>85</b> Zip	Code
11. Pursuant office or i agent. I a SIGNATURE	to the provisions of Sections 607 050 registered agent, or both, in the State and familiar with, and accept the oblig				oration submits this statement for the pion's board of directors. I hereby accepted when reinstaling)	pt the appo	changing i	ts registered registered
12.	OFFICERS AND DIRECTORS		13.	n signaturo requiri	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	PD DELETE		1.1 TITLE				☐ Change	☐ Addition
NAME CAROLIS, VINCENT DE			1.2 NAME					
SIREET ADDRESS 4297 CORAL SPRINGS DRIV		E	1.3 STREET A	ADDRESS				
CITY-S1-ZIP	CORAL SPRINGS FL 33065	The sector	1.4 CITY-ST	- ZIP				
TITLE			2.1 TITLE			L	☐ Change	Addition
NAME			22 NAME					
i	STREET ADDRESS		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP					
CITY-ST-ZIP			2. 4 UTT - S 3.1 TITLE	-ZIP		1	Change	Addition
NAME			3.2 NAME			_		
STREET ADDRESS			3.3 STREET A	ADDRESS				
CITY-ST-ZIP	T-ZIP 3		3.4. C(TY - \$1	T- ZIP				
TITLE	DELETE 4.1		4.1 TITLE				Change	Addition
NAME	4		4. 2 NAME					
STREET ADDRESS			4.3 STREET A	ADDRESS				
C(1Y+S1-ZIP		T Sc. ere	4.4 CITY - ST	- ZIP				1
TITLE			5.1 TITLE			ι	Change	Addition
NAME			5.2 NAME	I DODE GO				
STREET ADDRESS			5.3 STREET A	1				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST 6.1 TITLE	- 2117			Change	Addition
NAME			6.2 NAME					
		$\sim$	V- 19/1/L					

on supplied with this fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is 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 ion or the regoiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on an altacomy int with an address. 14. I hereby certify that the infindicated on this annual of officer or director of the x Block 12 or Block 13 if the

64 CITY-ST-ZIP

CHY-ST-ZIP

1/0/00

**FILED** 

Jan 15 1998 8:00am

Secretary of State