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

PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

Feb 21, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State 02-21-1999 90018 034 ***150.00

DOCUMENT # P9700069387					
1, corporation reality					
EUWAHL	DS REAL ESTATE SERVICE	COMPANY, INC.			
					.# 800/2 (D.C.P (D.B) (B.C.)
Principal Plac		Mailing Address			
1431 STEWART BLVD 1431 STEWART BLVD CLEARWATER FL 33764 CLEARWATER FL 33764					
CLEARWAIEN PL 33/04				DO NOT WRITE IN THI	IS SPACE
				3. Date Incorporated or Qualifed	
				09/01/1997	
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21	_ 			59-3465331	Not Applicable
⊢ ¬	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional
22 27				Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip			Country	- Trust Fund Contribution	Added to Fees
24	25 29 30		_ ·	This corporation owes the current year I Personal Property Tax.	ntangible ☐ Yes ☐ No
24	9. Name and Address of Current		50	10. Name and Address of New Registere	
		······································	81 Name		
MIZIO, ARMANDO F			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
254 US 19 NORTH			62 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 210			83		
CLEARWATER FL 33763			84 City	·	85 Zip Code
			GH City	F	L 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	MIZIO ARHANDO	F		2/10/99	
	Signature, typed or infinited name of registered agent		Registered Agent signature required	<u> </u>	
12. TITLE	OFFICERS ANI	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change ☐ Addition
NAME I	EDWARDS, ROBERT J		1.2 NAME		
STREET ADDRESS	1431 STEWART BLVD		1.3 STREET ADDRESS		İ
CITY-ST-ZIP	CLEARWATER FL 33764		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, MARGARET R		2.2 NAME		
STREET ADDRESS	1431 STEWART BLVD		2.3 STREET ADDRESS	·	
CITY-ST-ZIP	CLEARWATER FL 33764		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			3.2 NAME	·	` -
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. C/TY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP		~	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ OELETE	5.4 CITY-ST-ZIP 6.1 TITLE	·	Change Addition
TITLE			6.2 NAME	•	☐ Change ☐ Addition
NAME STREET ADDRESS			6.3 STREET ADDRESS		
STREET ADDRESS			J.J O INCL. I ADDINEOU		l l

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 of 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 a state-trust with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: