## 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

## DOCUMENT # P97000077346

1. Corporation Name

FIRST RESIDENTIAL REALTY SERVICES, INC.

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90046 033 \*\*\*150.00



Principal Place of Busi	ness	Mailing Address						•
1110 PILGRIM AVE		1110 PILGRIM AVE						
DELTONA FL 32725		DELTONA FL 32725			DO NOT WRI	TÈ IN THIS	SPACE	•
					Date Incorporated or Qualifed		- TOL	
					09/08/1997			. [
2 Dringing Diago of P		2a. Mailing Address		<del></del>	A FEI Number CO. 200	29/ /	Δr	plied For
2. Principal Place of B	usiness ) /	24. Mailing Address 711	luc	n Av	NOT APPLICABLE	0/6/	_ <del>  `</del>	ot Applicable
21 100 000	MUALUSIA POE	26 /60 Doy /h Vo	140/	NI PTU	C NOT ALL ETOADEL			Additional
7/ 0					5. Certifcate of Status Desired		_Fee Re	
$\frac{22}{3} \frac{\mathcal{O}(f) + t}{2}$		27 56 17c 17		<del></del> _	a Starting Compains Singuistic	· -		<del></del> -1
City & State  City & State				· /	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	
23 MUANOC	CIPY O	Zip Zip	Countr	,			_	10 1 663
ココンアつ	Country		121	4514	This corporation owes the curr     Personal Property Tax.	ant year inta		<b>V</b> ∄No
24 26 20 3	25 VOLUSIA	120 0.1		131/5	10. Name and Address of New F	enistered (	_	2110
9. Na	me and Address of Current F	tegistered Agent	81	Name	10. (tallie and Address of New )	.egistereo r	gon	
WANAMAKER, JOANNE								
1110 PILGRIM AVE				Street Ac	dress (P.O. Box Number is Not Accepta	ble)		
DELTONA FL 32725								
DELIVINA	L 32123		83	1				
			84	City			85 Zip (	Code
						<u> </u>		
11. Pursuant to the pr	ovisions of Sections 607.0502	and 607.1508, Florida Statutes, the	e abov	e-named co	proporation submits this statement for the	purpose of	changing its	registered
office or registered	I agent, or both, in the State of ir with, and accept the obligatio	ns of, Section 607.0505, Florida	ized by Statutes	rune corpora s.	ation's board of directors. I hereby accep			gistered
(  _ /	7 / ) _				•	3 - 10 ·	99	
SIGNATURE SIGNATURE.	typed or printed flame of registered agent a	nd title if applicable. (NOTE: Regi:	tered Age	nt signature req	uired when reinstating)	DATE	<del> </del>	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE D		☐ DELETE	1.1 TITLE		91 11011 100	,	Change	Addition
NAME WANN	iamaker, Joanne	i	1.2 NAME	)	John WAWAMARE	<i></i>		ì
	PILGRIM AVE		1.3 STREE	TADDRESS	11108116nin AVZ	•		
	ONA FL 32725		1.4 CITY- S	ST-ZIP	peltent fl	327	25	
TITLE			2.1 TITLE		~		T ~	Addition
NAME			2.2 NAME		Charles BARNY			•
				T ADDRESS	3/ 5/ Dlusia Au	re		
STREET ADDRESS				Ι.	Chambes BARRY 760 5 Dolus A AL ORANDE CITY AL	3276	3	1
CITY-ST-ZIP	<del></del>		2. 4 CITY- 3.1 TITLE	51-ZIP	Olling Cory	<u></u>	Change	Addition
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CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	<u> </u>			Change	☐ Addition
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CITY-ST-ZIP		}	5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			<del></del> -	Change	☐ Addition
NAME			6.2 NAME					[
l		· ·	6.3 STREE	T ADDRESS				(
STREET ADDRESS			6.4 CITY-5					
CITY-ST-ZiP			U.M GITT-3	31.411				

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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR