

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

0072199

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

03-11-1999 90046 033 ***150.00

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.

Principal Place of Business 1110 PILGRIM AVE DELTONA FL 32725	Mailing Address 1110 PILGRIM AVE DELTONA FL 32725
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 760 South Volusia Ave	2a. Mailing Address 26 760 South Volusia Ave
22 Suite A	27 Suite A
23 Orange City Fl.	28 Orange City Fl.
24 32763 25 Volusia	29 32763 30 Volusia

3. Date Incorporated or Qualified 09/08/1997	4. FEI Number 59-3558961 NOT APPLICABLE	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

WANAMAKER, JOANNE
1110 PILGRIM AVE
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: *Joanne Wanamaker* DATE: **3-10-99**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WANAMAKER, JOANNE	
STREET ADDRESS	1110 PILGRIM AVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Wanamaker
1.3 STREET ADDRESS	1110 PILGRIM AVE
1.4 CITY-ST-ZIP	DELTONA FL 32725
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Charles Barry
2.3 STREET ADDRESS	760 S Volusia Ave
2.4 CITY-ST-ZIP	ORANGE CITY FL 32763
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joanne Wanamaker* DATE: **3-10-99** DAYTIME PHONE #: **(904) 725-1100**

Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (11/98)