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

PROFIT CORPORATION ANNUAL REPORT

1**9**98

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE!

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000078473 (0)

REAL E	STATE EXPERTS, INC.						
Principal Place	e of Business	Maili	ing Address				1 (40)(40) (40 10)() 400)(40)() 40)() 40)() 40)() 1000(40)() 40)() 1000(40)()
14590 S MILITARY TRAIL BAY E-6 DELRAY BEACH FL 33445 14590 S MILITARY TRAIL BAY E-6 DELRAY BEACH FL 33445							DO NOT WRITE IN THIS SPACE
DELKAT BEAC	M FL 33445	DELRAY BEACH FL 33445					3. Date Incorporated or Qualified
							09/10/1997
2. Principal Pl	ace of Business	2a. N	failing Address				4. FEI Number Applied For
21		26					65-0779758 Not Applicable
Suite, Apt.	#, etc	Suite. Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional
22		27					Fee Required
City & State		City & State					6. Election Campaign Financing \$5.00 May Be
23		28				<u> </u>	Trust Fund Contribution
Zip 24	Country	n	7(p) Country 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 Name and Address of Curre	29 nt Registe	red Agent	[30]	Ι		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
					81	Name	
FILINGS, INC.						<u> </u>	
3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132					82 Street Address (P.O. Box Number is Not Acceptable)		
FI. LAUDENDALE FL 3331114132				83			
,							
,				84 City FL 85 Zip Code			
11. Pursuant to the previsions of Sections 607-05-02 and 607-15-08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 an accept the obligators of, Schrön 607.0505, Florida Statutes. SIGNATURE Signature type-for purpose of changing its registered appointment as registered Agent signature required when reinstating) DATE							
12.	OLLICERS AN	D DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 T	ITL F		☐ Change ☐ Addition
NAME	WEITZEL, ADAH L				1.2 NAME		
STREET ADDRESS	14590 S MILITARY TRAIL, BA					ADDRESS	+
CITY-SI-ZIP	DELRAY BEACH FL 33445		Direct of			1 - ZIP	Change Addition
TITLE			□ belet e	211			
NAME				2.2 N		1000000	
STREET ADDRESS						ADORESS	
CITY-ST-ZIP	DELETE 31				Y-S1-ZIP E Change Addition		
NAME	1 · ·			32 N			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP						ST-7IP	
TITLE	**************************************			41 T			Change Addition
NAME				4.21	IMAI	1	
STREET ADDRESS				4.3 S	TREET	ADDRESS	
CITY-ST-7IP				4.4 C	ITY-S	T-ZIP	
TITLE			DELETE	5.1 T	ITLE		Change Addition
NAME				52 N	AME		

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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 amount 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 Nic dorporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 it graphed on the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 it graphed on the receiver of th

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - 7IP

6.1 TITLE

6.2 NAME

DELETE

-08/25/98--01018--**0**02

***150.00

Addition

FILED

Jun 24 1998 8:00am

Secretary of State