

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

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90120 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1000 2 000		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

097 0000 85229
REALTY INVESTORS NETWORK, INC

Principal Place of Business

Mailing Address

4262 NORTHLAKE BLVD # 406
Palm Beach Gardens, FL 33410 → SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1997

4. FEI Number

59-3468262

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GROSSMAN, BRUCE
660 LIVE OAK ST.
MAITLAND, FL 32751

10. Name and Address of New Registered Agent

81 Name **STACY THIBODEAU**
 82 Street Address (P.O. Box Number is Not Acceptable)
4262 NORTHLAKE BLVD # 406
 83
 84 City **PALM BEACH GARDENS FL** 85 Zip Code **33410**

11. Pursuant to the provisions of Sections 607.0602 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

Signature of registered agent or authorized officer of corporation and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AGENT	☒ DELETE
NAME	GROSSMAN, BRUCE	
STREET ADDRESS	660 LIVE OAK ST	
CITY, ST, ZIP	MAITLAND FL 32751	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT / AGENT	☐ Change ☒ Addition
1.2 NAME	STACY THIBODEAU	
1.3 STREET ADDRESS	11190 150 CT N	
1.4 CITY, ST, ZIP	JUPITER FL 33478	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ 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 and an address. With all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

5617482085

Date

Company Number