

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 # P97000085332

1. Corporation Name
REAL VALUE MANAGEMENT, INC.

Principal Place of Business
2700 W. ATLANTIC BLVD., STE. 22
POMPANO BEACH FL 33069

Mailing Address
77 EAST LONG LK
BLOOMFIELD HILLS MI 48304
US

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90075 049 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1997

4. FEI Number
38-3383381

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

2. Principal Place of Business

21 3520 N.W. 79TH ST.
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 MIAMI, FLORIDA

City & State

28

Zip Country

24 33147 25

Zip Country

29 30

9. Name and Address of Current Registered Agent

DAVIS, ROBERT S
2700 W. ATLANTIC BLVD., STE. 22
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name
DAVIS ROBERT S.
82 Street Address (P.O. Box Number is Not Acceptable)
3520 N.W. 79TH ST.
83
84 City MIAMI FL 85 Zip Code 33147

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

ROBERT S. DAVIS PRES. X 3-31-99

12. OFFICERS AND DIRECTORS

TITLE PVT
NAME DAVIS, ROBERT S
STREET ADDRESS 2700 W. ATLANTIC BLVD., STE. 22
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE S
NAME IDZIKOWSKI, DEBORRA A
STREET ADDRESS 2700 W. ATLANTIC BLVD., STE. 22
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVT
1.2 NAME DAVIS, ROBERT S.
1.3 STREET ADDRESS 3520 N.W. 79TH ST.
1.4 CITY-ST-ZIP MIAMI, FL. 33147

2.1 TITLE S
2.2 NAME DAWN KELLY
2.3 STREET ADDRESS 3520 N.W. 79TH ST.
2.4 CITY-ST-ZIP MIAMI, FL. 33147

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT DAVIS X 3-31-99 248-642-1180

Date Daytime Phone #

CR2E034 (1/1/98)