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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700090030

REAL VAL. INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90218 045 ***150.00



Principal Place	e of Business	Mailing Address									
4309 SALISBURY AVENUE		4309 SALISBURY AVENUE									
JACKSONVILLE FL 32216		JACKSONVILLE FL 32216				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated					
						10/20/1997					
2 Principal D	loop of Business	2a. Mailing Address				4. FEI Number				Applie	ed For
2. Principal Place of Business		26. Walling Address				59-3492472					pplicable
Suite Ant # etc		Suite, Apt. #, etc.							\$8.7	'5 Add	
Suite, Apt. #, etc.		27			5. Certifcate of Status	Desired			Requ		
City & State		City & State			& Election Campaign	Financino		\$5.	00 Mz	ıv Be	
23		28			6. Election Campaign Financing 55.00 May Be Trust Fund Contribution Added to Fees						
Zip	Country	Zip	Co	ountry		8. This corporation ov		ent year Inta	ngible		
24	25	29	30	•		Personal Property			☐Yes		No
24]	9. Name and Address of Currer		1441			10. Name and Addres	ss of New R	egistered A	gent		·
	***			81	Name						
BATEH, RAYMOND Z			92 54			Iress (P.O. Box Number is	Not Accepts	hla)			
637 1	PARK STREET		82 Stree			iress (P.O. DOX Number is	Not Accepta	ole,			
JACK	(SONVILLE FL 32204			83							
									Tool :	Zip Cod	10
				84	City			FL	85	ZIP COC	ie ļ
11 Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statu	es, the	above-	-named corp	poration submits this stater	ment for the	purpose of o	hanging	g its reg	gistered
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	ent Florida. Such change was a	iutnonze	ea by tr	he corporati	ion's board of directors. I h	ereby accep	t the appoin	tment a	s regis	tered
											[
SIGNATURE			- B1-1				-	DATE		_	{
	Signature, typed or printed name of registered age			ed Agent	signature require	red when reinstating)	SES TO OFF	DATE FICERS AND) DIRE	CTORS	
12.	OFFICERS AI	ND DIRECTORS	13	ed Agent	signature require	red when reinstating) ADDITIONS/CHANG	GES TO OFF		DIRE Cha		S IN 12
12. TITLE	OFFICERS AI		13	ed Agent	signature requin		GES TO OF				
12. TITLE NAME	OFFICERS AF D GRAINGER, FARLEY J	ND DIRECTORS	1.1 T	ed Agent 3. TITLE NAME			GES TO OFF				
12. TITLE NAME STREET ADDRESS	OFFICERS AF D GRAINGER, FARLEY J 4309 SALISBURY AVENUE	ND DIRECTORS	1.3 f.1.1 1.2 f 1.3 f	ed Agent 3. TITLE NAME STREET	ADDRESS		GES TO OF				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI D GRAINGER, FARLEY J 4309 SALISBURY AVENUE JACKSONVILLE FL 32216	ND DIRECTORS	13 1.11 1.21 1.35 1.40	ed Agent: TITLE NAME STREET /	ADDRESS		GES TO OF			nge	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AID D GRAINGER, FARLEY J 4309 SALISBURY AVENUE JACKSONVILLE FL 32216 D BONEY, WALT	ND DIRECTORS	13 1.11 1.21 1.35 1.40 2.11 2.21	ed Agent: 3. TITLE NAME STREET A CITY-ST- TITLE NAME	ADDRESS - ZIP		GES TO OFF		Cha	nge	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AID D GRAINGER, FARLEY J 4309 SALISBURY AVENUE JACKSONVILLE FL 32216 D BONEY,: WALT 2143 HERSHEL ST	ND DIRECTORS	13 1.11 1.28 1.38 1.40 2.11 2.28 2.38	ed Agent 3. TITLE NAME STREET / CITY-ST- TITLE NAME STREET /	ADDRESS -ZIP ADDRESS		GES TO OFF		Cha	nge	Addition
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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 of an attachment with an address, with all other like empowered.

SIGNATURE:



904) 296-3<u>000</u>