## 1-20-98 15- U648 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000091581 (3)

REAL ESTATE SERVICE TECHNICIANS, INC.

## **FILED** Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- 1 (400) 601 (10 1014) 500) ABILL BEST BEST BEST SETEN 1100 BLI \$1 \$2 \$2 \$1 1101 5201			
1919 SHERMAN ST. 1919 SHERMAN ST.									
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							10/24/1997		
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number Applied For		
21		26					65-0788/7/ Not Applicat	ole	
Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional Fee Required		
22		27	City & State					-	
City & State	e						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
Zip	Country		Zip Country				8. This corporation owes or has pald the current year Intangible		
24	25	29		30			Personal Property Tax due June 30. Yes No		
241	9. Name and Address of Current Registered Agent		1001	10. Name and Address of New Registered Agent		$\dashv$			
WI	LLIAMS, RICHARD V			8	1	Name		$\neg$	
19	09 SHERMAN ST.					Chront Addr	Address (D.O. Day Mymbay is Not Assessable)		
HC	DLLYWOOD FL 33020		3			Street Addre	ess (P.O. Box Number is Not Acceptable)		
				8	3				
				8	4	City	FL 85 Zip Code		
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									
12.		ID DIRECTORS		13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	—[ <u> </u>	
TITLE	D		DELETE	1.1 TITLE			Change Additi	an S	
NAME	WILLIAMS, RICHARD V			1,2 NAM	Ε				
STREET ADDRESS	1909 SHERMAN ST			1.3 STRE	ET P	ADDRESS		Į.	
CITY-ST-ZIP	HOLLYWOOD FL 33020				1.4 CITY - ST - ZIP			8	
TITLE	D		☐ DELETE	2.1 TITLE	:		☐ Change ☐ Additi	ou C	
NAME	LANDRY, TODD R			2.2 NAM	Ε				
STREET ADDRESS	1909 SHERMAN ST			2.3 STRE	ET A	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020				2. 4 CITY-ST-Z				
TITLE		•	DELETE	3.1 TELLE	Ξ.	ì	Change Additi	on	
NAME				3.2 NAM	Ε	ļ			
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CITY-ST-ZIP				3.4. C	-\$1	T-ŽIP			
TITLE			☐ DELETE	4.1 Ts			Change Additi	on	
NAME				4. 21	ΙE			- 1	
STREET ADDRESS				4.3 S	ET A	ADDRESS			
CITY - ST - ZIP				4,4 C	-ST	-ZIP			
TITLE			DELETE	5.1 T			Change Additi	on	
NAME				5.2 N/	E	,			
STREET ADDRESS				5.3 STRE	ET A	ADDRESS			
CITY - ST - ZIP				5.4 CIT r	-51	- ZIP		_	
TITLE			DELETE	6.1 TITLE	: _		Change Additi	on	
NAME				6.2 NAM	E				
STREET ADORESS				6.3 STRE	ET A	ADDRESS			
CITY-ST-ZIP				6.4 CITY				_	
14. I hereby o	ertify that the information supplied w	ith this filing d	oes not qualify fo	or the exem	pti	ion stated in t	Section 119.07(3)(i), Florida Statutes. I further certify that the information	n	

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