PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000091581

1. Corporation Name

REAL ESTATE SERVICE TECHNICIANS, INC.

Principal Place of Business

1919 SHERMAN ST.

Mailing Address

1919 SHERMAN ST.

May 05, 1999 8:00 am Secretary of State

05-05-1999 90190 030 ***150.00



HOLLYWOOD FL 33020		HOLLYWOOD FL 33020		DO NOT WRI	TE IN THIS	SPACE		
					3. Date Incorporated or Qualifed 10/24/1997			
2. Principal P	ace of Business 2a.	Mailing Address	<u> </u>	<u> </u>	4. FEI Number		A	pplied For
21 190°	7 SHERMAN ST. 26	1909 SH€1	RMAN	<u> </u>	65-0788171		N	lot Applicable
Suite, Apt.	#, etc. 27	Suite, Apt. #, etc.			5. Certifcate of Status Desired		T	Additional Required
City & State	gw00D, FL. 28	City & State How Lywood,	FL.		Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip 24 3302		3,020 3	Country 30 BRO	WARD	This corporation owes the curr Personal Property Tax.	ent year In	itangible ☐ Yes	□No
	9. Name and Address of Current Register	red Agent			10. Name and Address of New F	legistered	Agent	
			81	Name				
WILLIAMS, RICHARD V				82 Street Address (P.O. Box Number is Not Acceptable)				
1909 SHERMAN ST.				Of Other Address (1.0. Box Halliss to Not Nosephase)				
HOL	LYWOOD FL 33020		83					
								Codo
			84	City		FL	85 Zip	Code
office or re agent. I as	to the provisions of Sections 607.0502 and 607 egistered agent, or both, in the State of Florida m familiar with, and accept the obligations of, Section 1997 or printed name of registered agent and title if a	Such change was auto- Section 607.0505, Florid	thorized by da Statutes	luelle.	tion's board of directors, I hereby accep	pt trie appo	9, 199	egistered
12.	OFFICERS AND DIREC	<u> </u>	13.	it algitutura requi	ADDITIONS/CHANGES TO OF	FICERS A	NO DIRECT	ORS IN 12
TITLE	D ·	DELETE	1.1 TITLE		7000110107011111020 10 01		☐ Change	
NAME	WILLIAMS, RICHARD V		1.2 NAME	}				
·	1909 SHERMAN ST			T ADDRESS				
STREET ADDRESS	HOLLYWOOD FL 33020			ì				
CITY-ST-ZIP TITLE	D /	DELETE	1.4 CITY-S 2.1 TITLE	1-21			Change	Addition
			2.2 NAME					
NAME	Landry, todd r 1909 Sherman St			T ADDRESS				
STREET ADDRESS	HOLLYWOOD FL 33020							
CITY-ST-ZIP	HOLLTWOOD PL 33020	☐ DELETE	2. 4 CITY-5 3.1 TITLE	51-2IP			☐ Change	Addition
		>	32 NAME				_ *-	_
NAME				TADDRESS				
STREET ADDRESS			3.4. CITY-S		-			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	- اليو - ، ر			Change	Addition
NAME	<i>‡</i>		4. 2 NAME					•
STREET ADDRESS				T ADDRESS				
1			4.4 CITY-S	1				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	,- <u>Z</u> II			☐ Change	Addition
NAME			5.2 NAME				_ •	_
			1	TADORESS				
STREET ADDRESS			5.4 CITY-S	1				
CITY-ST-ZIP		DELETE	6.1 TITLE				Change	Addition
TITLE		- 3000	6.2 NAME					
NAME				T ADDRESS				
STREET ADDRESS			6.3 STREE					
AUT	1		■ 64 (311Y-S	1-7P 1				

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:

OF SIGNING OFFICER OR DIRECTOR