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Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90015 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harbo
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000017494

1. Corporation Name
REAL ESTATE ACQUISITIONS, INC.

Principal Place of Business
1016 SUMMERWOOD CIRCLE
WELLINGTON FL 33414

Mailing Address
1016 SUMMERWOOD CIRCLE
WELLINGTON FL 33414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2456 Pigeon Cay
Suite, Apt. #, etc.

2a. Mailing Address

26 2456 Pigeon Cay
Suite, Apt. #, etc.

22

23 Royal Palm Beach, FL
City & State

Zip Country

24 33411

27 28 Royal Palm Beach, FL
City & State

Zip Country

29 30 33411

3. Date Incorporated or Qualified

02/24/1998

4. FEI Number

65-0824910

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME BAILEY, MITCH H
STREET ADDRESS 1016 SUMMERWOOD CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE VD ☐ DELETE
NAME GAMEZ, RIGOBERTO
STREET ADDRESS 1016 SUMMERWOOD CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE S ☐ DELETE
NAME GAMEZ, LUCRECIA I
STREET ADDRESS 1016 SUMMERWOOD CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE T ☒ DELETE
NAME BAILEY, MELISSA M
STREET ADDRESS 1016 SUMMERWOOD CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE P + D ☒ Change ☐ Addition
2.2 NAME GAMEZ, RIGOBERTO
2.3 STREET ADDRESS 2456 PIGEON CAY
2.4 CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

3.1 TITLE VS ☒ Change ☐ Addition
3.2 NAME GAMEZ, LUCRECIA I
3.3 STREET ADDRESS 2456 PIGEON CAY
3.4 CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

4.1 TITLE T ☐ Change ☒ Addition
4.2 NAME GAMEZ, OSCAR
4.3 STREET ADDRESS 2456 PIGEON CAY
4.4 CITY-ST-ZIP ROYAL PALM BEACH, FL 33411

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 with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/18/99 561-798-3771

CR2E034 (11/98)